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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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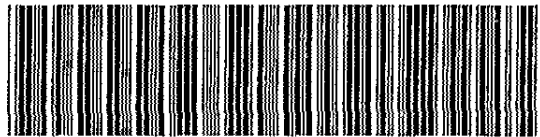
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DAVID F. WILSEY

STEVEN M. WILSEY
Also Certified
Public Accountant

Of Counsel
ROBERT W. FISHER
W. JOSEPH REYNOLDS

October 27, 2003

Florida Department of State
Division of Corporations - New Filings
P. O. Box 6327
Tallahassee, FL 32314

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03 OCT 30 PM 3:20
TALLAHASSEE, FLORIDA

Re: Articles of Organization of
SENIOR CONFIDANT AND ASSOCIATES, LLC

To Whom It May Concern:

Enclosed are the following:

1. Articles of Organization of SENIOR CONFIDANT AND ASSOCIATES, LLC;
2. Resident Agent Designation;
3. Check for: Filing Fee \$100.00
Designation of Agent 25.00
Certified Copy 30.00
Total \$155.00

Please return a certified copy to my office. Thank you for your attention to this matter.

Sincerely,



STEVEN M. WILSEY

SMW/jek
Enclosures

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ARTICLES OF ORGANIZATION
SENIOR CONFIDANT AND ASSOCIATES, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is SENIOR CONFIDANT AND ASSOCIATES, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

334 Gray Oak Drive, Tarpon Springs, Florida 34689
4. **Mailing Address.** The mailing address of the limited liability company is:

334 Gray Oak Drive, Tarpon Springs, Florida 34689
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

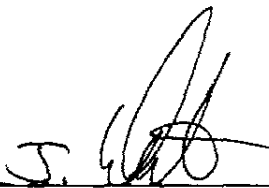
TRACY J. WHITE
334 Gray Oak Drive
Tarpon Springs, Florida 34689

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



TRACY J. WHITE

7.- **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:



TRACY J. WHITE
Member

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STATE OF FLORIDA
ALLAHASSEE COUNTY

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)