Division of Corporations

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000189250 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone Fax Number : (516)935-3940 : (516)935-3088

LIMITED LIABILITY COMPANY

American Senior Advisors LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing, Menu

Corporate Filing

Public Access Hielp

H04000189250

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I ~	Name
---------	-----	------

ARTICLE II - Address

The name of the Limited Liability Company is:	American Sen	ior Advisors LLC
---	--------------	------------------

The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19716 Colorado Circle	19716 Colorado Circle
Boca Raton, FL 33434	Boca Raton, FL 33434

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

John R. R	ivers
	Name
19716 Co	lorado Circle
(P.O. Bo	x or Mail Drop Box NOT Acceptable)
Boca Rato	n, FL 33434
•	(City/State/Zip)

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.

Registered Agent's Signature - John R. Rivers

ARTICLE IV - Manager(s) The name and address of each Ma	or Managing Member(s): mager or Managing Member is as follows:) 3 2
Title: "MGR"=Manager "MGRM" ➤ Managing Member	Name and Address:	
MGRM	John R. Rivers- 19716 Colorado Circle, Boca Raton, FL 3343	4
(Use attachment if necessary)	-	
REQUIRED SIGNATURE: Signature	e of a member or authorized representative of a member.	
document d	ance with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the facts in are true.)	
	John R. Rivers	
	Typed or printed name of signee	