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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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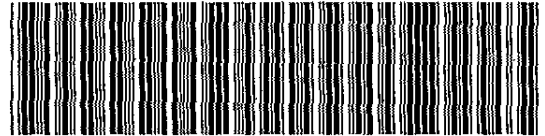
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 28 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENIORS ONLY FINANCIAL RESOURCES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK McWilliams
(Name of Person)

(Firm/Company)

4992 Sable Pine Circle, Unit 915C-2
(Address)

West Palm Beach, FL 33417
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK McWilliams at (561) 307-1422
(Name of Person) (Area Code & Day time Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR
SENIORS ONLY FINANCIAL RESOURCES, LLC
A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, desiring to form a limited liability corporation under the Corporation Law of Florida, Chapter 608 of the Florida Statutes, hereby certifies:

ARTICLE I – NAME

The name of the limited liability corporation shall be SENIORS ONLY FINANCIAL RESOURCES, LLC.

ARTICLE II – PRINCIPAL OFFICE

The principal office of the limited liability corporation is located at 126 Rosewood Lane, Greenacres, Florida 33463, Palm Beach County.

ARTICLE III – MANAGEMENT

The limited liability corporation is a member-managed company to be managed by one or more members. The following person(s) shall serve the limited liability corporation as a manager(s), until otherwise provided for in the Operating Agreement:

NAME

ADDRESS

Jay J. Strauss

126 Rosewood Lane
Greenacres, Florida 33463

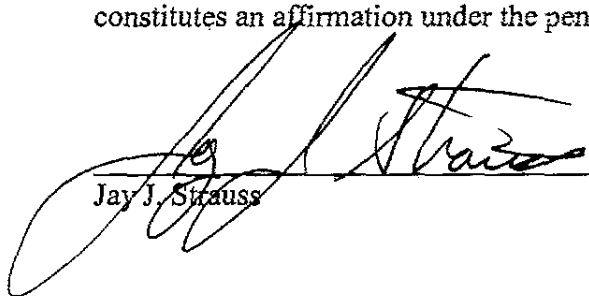
ARTICLE IV – TRANSFERABILITY OF MEMBERSHIP INTERESTS

No member shall have the right to assign their membership interests in the Company without the prior written consent of all membership interests, unless otherwise provided for in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

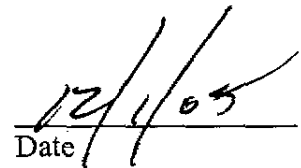
SENIORS ONLY FINANCIAL RESOURCES, LLC

A FLORIDA LIMITED LIABILITY COMPANY

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



Jay J. Strauss



Date

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

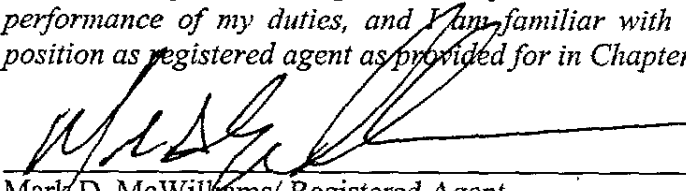
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability corporation is SENIORS ONLY FINANCIAL RESOURCES, LLC.

The name and Florida address of the initial registered agent is:

MARK D. MCWILLIAMS, ESQ.
4600 NORTH OCEAN BOULEVARD, SUITE 206
BOYNTON BEACH, FLORIDA 33435

Having been named as registered agent to accept service of process for the above stated limited liability corporation at the place designated in this certificate, I am familiar with and 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, Florida Statutes.


Mark D. McWilliams/ Registered Agent


Date

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TALLAHASSEE, FLORIDA