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(Re	equestor's Name)	
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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CCAPERATION



## **COVER LETTER**

Division of Co					
SUBJECT: Senior	Friendly Products, L.	L.C.			
		ed Liability Compa	ny)		<del></del>
The enclosed Articles	of Organization and fee(s) are s	submitted for filing	•		
Please return all corres	pondence concerning this matte	er to the following:			
Susan B. f	•				
,	(	(Name of Person)	•		
Senior Frie	endly Products, L.L.C	<b>D.</b>			DIVISION OF CT
		(Firm/Company)			<b>1</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1560 Sha	dy Oak Dr.				-2 <b>F</b>
		(Address)			<b>1</b> 3,
Kissimme	e, FL 34744				ON OF PORFECTATIONS OCT -2 PM 4: 02
	(City	//State and Zip Code)	)		,
For further information	concerning this matter, please	call:			
Susan B. Rosbu	ry	at ( 407	847-344	8 or 407-709-4	289
(Nam	e of Person)	at (407) 847-3448 or 407-709-4289 (Area Code & Daytime Telephone Number)			
Enclosed is a check f	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified Copy (additional copy i	,	\$160.00 Filis Certificate of St Certified Copy (additional copy is	tatus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton Bu 2661 Exec	ourier Addression Section of Corporation uilding cutive Center	ns · Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Senior Friendly Products, L.L.C.	
(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1560 Shady Oak Dr	same
Kissimmee, FL 34744	
0 0 0	egistered Agent. You must designate an individual or another SECRET SECR
	لد,< بي ا
Susan B. Rosbury	
IN8	PA REPORT
1560 Shady Oak Dr.	<b>:</b> AIA
Florida street	t address (P.O. Box NOT acceptable)
Kissimmee, FL 34744	FL
City, Sta	ate, and 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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manage	er	Name and Address:		
	"MGRM" = Mana				
	MGR		Susan B. Rosbury		
			1560 Shady Oak Dr.		
			Kissimmee, FL 34744	<del></del>	
	MGRM		Steven L. Rosbury		
			1560 Shady Oak Dr.		
			Kissimmee, FL 34744		
		_			
					•
				_	
		_			
	(Use attachment is	f necessary)			
ARTI	CLE V: Effective d	ate, if other than the da	ate of filing: (OPT	IONA	L)
•		-	pecific and cannot be more than five busine	ss day	s prior
to or 9	0 days after the da	te of filing.)			
	DECLUBED SIC	'NI A TRI IIDE'.			
	REQUIRED SIG	MAIURE:			
		Susan &	B. Roskery.	2006 OCT -2	SEC DIVISIO
		Signature of a member of	or an authorized representative of a member.	CT	呈落
		(In accordance with section of this document constitution that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)		FILED TARY OF OF COKPI
		Susan B. Rosbury		E	भू थूर् 21.S
			d or printed name of signee	PH 4: 02	TION TION
			•	10	<del></del>

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)