

L070000092102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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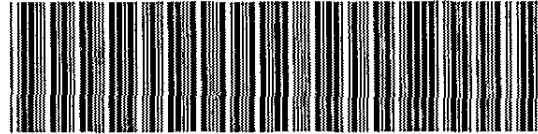
(Business Entity Name)

(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Senior Asset Protection  
LLC

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
✓ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
✓ Annual Report / Reinstatement \_\_\_\_\_  
✓ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: SW

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Name \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
SENIOR ASSET PROTECTION, L.L.C.  
a Florida Limited Liability Company**

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**ARTICLE I. Name**

The name of the Limited Liability Company is: **SENIOR ASSET PROTECTION, L.L.C.**

**ARTICLE II. Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**308 E. Main Street  
Lakeland, FL 33801**


**ARTICLE III.**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Sozon C. Vatikiotis  
308 E. Main Street  
Lakeland, FL 33801**

*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.*

  
\_\_\_\_\_  
**Sozon C. Vatikiotis**  
Registered Agent's Signature

#### **ARTICLE IV. Management**

The Limited Liability Company is to be managed by members and is, therefore, a members-managed company. The name, mailing address, and street address of each such person who is to serve as member is:

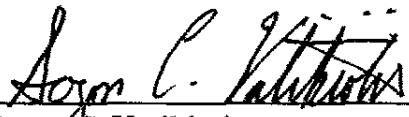
**Miller Family Investments, L.L.C.**  
**Post Office Box 8169**  
**Lakeland, FL 33803**

**Mark E. Clements**  
**310 East Main Street**  
**Lakeland, FL 33801**

**Samuel G. Crosby**  
**Post Office Box 8169**  
**Lakeland, FL 33802**

**Sozon C. Vatikiotis**  
**2323 South Florida Avenue**  
**Lakeland, FL 33803**

Dated: September 7, 2007

By:   
**Sozon C. Vatikiotis**  
**Initial Member**