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| PICK-UP WAIT MAIL | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS OF CORPORATIONS

T. HAMPTON

MAR - 7 2008

EXAMINER

COVER LETTER

| ٠ | Division of Corporations |
|---|---|
| | SUBJECT: Senior Safe Equities, 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: |
| | John E. Bell, III |
| | (Name of Person) |
| | |
| | (Firm/Company) |
| | 1390 Hope Road, Suite 200 |
| | (Address) |
| | Maitland, FL 32751 |
| | (City/State and Zip Code) |
| | For further information concerning this matter, please call: |
| | John E. Bell, III 407 222-7910 |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| | Enclosed is a check for the following amount: |
| | \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Com | npany is: |
|---|---|
| Senior Safe Equities, LLC (Must end with the words "Lin | nited Liability Company, "L.L.C.," or "LLC.") |
| - | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1390 Hope Road, Suite 200 Maitland, FL 32751 | 1390 Hope Road, Suite 200 Maitland, FL 32751 |
| | egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another |
| The name and the Florida street address | s of the registered agent are: |

John E. Bell, III

Name

1390 Hope Road, Suite 200

Florida street address (P.O. Box NOT acceptable)

Maitland, FL 32751

City, State, 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..

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" = Manager "MGRM" = Managing Memb | Name and Address: |
|--|---|
| MGRM | John E. Bell, III 1121 Glengarry Circle |
| | Maitland, FL 32751 |
| | |
| - | |
| | |
| (Use attachment if necessary) | |
| | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr |
| REQUIRED SIGNATURE: | |
| | Ans Bell - Wllander |
| Signature of | member or an authorized representative of a member. |
| of this docume | e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

John E. Bell, III

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee