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(Dawnstada Nama)	
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PICK-UP WAIT	MAIL
	:
(Business Entity Name)	;
(Document Number)	•
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Pertified Copies Certificates of Status	;
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Special Instructions to Filing Officer:	-

Office Use Only



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ZOO9 JUL 30 AHII: OC SECRETARY OF STATE

T. CLINE

JUL 3 1 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Division of Corporations			
SUBJECT:	SEAWARD ALF AT	SOUTHWEST RANCHES, L	LC.	
	Name of Limite	d Liability Company		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
	Portia :	Seymour-Jackson		
		Name of Person		
	AS Financial (Group of Companies, Inc.		
		Firm/Company		
	2953 \$	S W 18th Terrace		
		Address	····	
	Fort Lau	uderdale, Ft 33315		
	City	/State and Zip Code	PS PS	
	pseymour-	jackson@finsvcs.com - or future annual report notification)		
For further informatio	n concerning this matter, please	•	2009 JUL 30 AM II: 00 SECRETARY OF STATE JALLAHASSEE, FLORID.	
Portia Se	eymour-Jackson	at (305) 962-5144		
Nam	e of Person	Area Code & Daytime Telephone Numb	TATE ORIO	
Enclosed is a check	for the following amount:		-	
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
	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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	nny is:
SEAWARD ALF AT SOL	JTHWEST RANCHES, LLC.
(Must end with the words "Limite	d Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of Principal Office Address:	the principal office of the Limited Liability Company is: Mailing Address:
5130 S W 167th Avenue Southwest Ranches, FI 33331	5130 S W 167th Avenue Southwest Ranches, FI 33331
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature:

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

Portia Seymour-Jackson

Name

2953 S W 18th Terrace

Florida street address (P.O. Box <u>NOT</u> acceptable)

Fort Lauderdale, 33315 FL

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

4 2 . . .

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Sonia Cooks Archer	
	146 Elm Street	
	Valley Stream, NY 11580	
MGRM	Noel Cooks	
	6510 S W 31st Street	
	Miramar, Fl 33023	
MGRM	Valeria Rodriguez	
	1888 N W 132nd Avenue	
	Pembroke Pines, Fl 33028	
	₽S 5	2 <u>00</u>
	<u> </u>	7009 JUL 30
	P 7	严
(Use attachment if necessary)	558 87	80
V 77 V 7 700 11 11 10 10 11 11	e date of filing: July 26 J 2009 (OPTIONA	7
LE V: Effective date, if other than the		
days after the date of filing.)	be specific and cannot be more than five business day	ys prio
days after the date of filling.	Dr.	0
REQUIRED SIGNATURE:		
Portia	Semour Jackson	
Signature of a memb	per or an authorized representative of a member.	
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	
that the facts stated he		

Filing Fees:

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

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Portia Seymour-Jackson Typed or printed name of signee