

L10000003336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

JAN 11 2010

**EXAMINER**



800164058078

01/08/10--01030--011 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN -8 PM 1:16

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LIFE AFTER ELDERLY L.L.C.  
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:

FRANK DEROSKY

Name of Person

LIFE AFTER ELDERLY L.L.C.

Firm/Company

3808 SUNSET RD. LEHIGH ACRES

Address

LEHIGH ACRES, FL. 33971

City/State and Zip Code

10 MIDNIGHT1@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK DEROSKY

Name of Person

at ( 239 ) 690-0614

Area Code & Daytime 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LIFE AFTER ELDERLY L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

3808 SUNSET RD  
LEHIGH ACRES, FL.  
33971

**Mailing Address:**

3808 SUNSET RD  
LEHIGH ACRES, FL  
33971

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FRANK DEROSKY  
Name

3808 SUNSET RD  
Florida street address (P.O. Box **NOT** acceptable)

LEHIGH ACRES, FL 33971  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN -8 PM 1:16

*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..*

Frank Derosky  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

FRANK DEROSKY  
3808 SUNSET RD  
LEHIGH ACRES, FL 33971

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/09/10. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Frank Derosky  
Signature of a member or an authorized representative of a member.

(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.)

FRANK DEROSKY

Typed or printed name of signee

**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)