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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

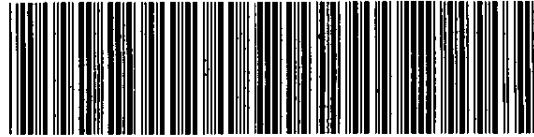
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2010 JAN -8 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL 32303

FILED

T. CUNE

JAN 11 2010

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENIOR RELOCATION SERVICES 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:

BARRY GONZALEZ
Name of Person
SENIOR RELOCATION SERVICES LLC
Firm/Company
652 BAYSHORE DRIVE
Address
TARPON SPRINGS, FL 34689
City/State and Zip Code
BGONZAL3@TAMPABAY.FL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY GONZALEZ at (727) 937-6839 727-415-5337
Name of Person 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:

SENIOR RELOCATION SERVICES LLC

(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:

652 BAYSHORE DRIVE

TARPON SPRINGS, FL 34689

Mailing Address:

652 BAYSHORE DRIVE

TARPON SPRINGS, FL 34689

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:

DON TUREK

Name

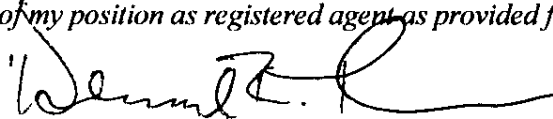
1123 S. FLORIDA AVE

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

TARPON SPRINGS FL 34689

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)

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:

MGRM

BARRY GONZALEZ
652 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689

MGRM

MELANIE GONZALEZ
652 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689

MGRM

DON TUREK
1123 S. FLORIDA AVE
TARPON SPRINGS, FL 34689

(Use attachment if necessary)


2010 JAN -8 PM 12:46
STATE OF FLORIDA
TAL
SECRETARY OF STATE

FILED

ARTICLE V: Effective date, if other than the date of filing: DATE OF FILING (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:


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.)

BARRY GONZALEZ
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)