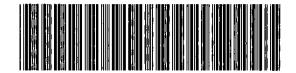
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Linky Nume)				
(Document Number)				
Certified Copies Certificates of Status				
<u> </u>				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:	Registration S Division of Co	rporations		sirilli	•
SUBJE	ct: Se	nior Guide	ince	Coun	selors, LL
		Name of Limi	ted Liability Con	npany	
The end	closed Articles o	f Organization and fee(s) are	submitted for fil	ing.	
Please i	eturn all corresp	ondence concerning this ma	tter to the follow	ing:	
	Bre	nda Eism	rer		
•			Name of Person		
-	- Firm/Company				
-	21376	, Marina C	Ove CR	130	
	Aven	tura, FL	33180)	
_	Sout	hFLSGC	@am	ail Con	n
For furt	her information	E-mail address: (to be used concerning this matter, pleas		eport notification)	
Bre	nda E	of Person	_at (ode & Daytime Tele	3711 phone Number
Enclose	ed is a check fo	or the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified C		\$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	Registr Division Clifton	Courier Address ration Section on of Corporations Building Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Senior Guidance (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1425 Adams Ave Vicami Beach, Fl 33140	Miami Beach, FC 33/40
Miami Beach	ered Agent. You must designate an individual fanother agent are:
	scept service of process for the above stated limited his 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM"	Brenda Eisner 4425 Adams Ave Miami Beach, FL 33140
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: 4/15/12. (OPTIONAL) be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	FIL 12 APR 23 SECRLIAN TALLAHAS
Signature of a member	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein a mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
Brenda	viped 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)