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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)
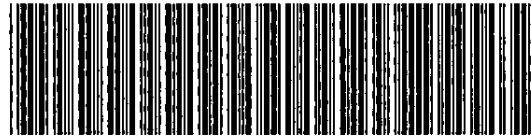
☐ PICK-UP   ☐ WAIT   ☐ MAIL

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(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

T. Burch OCT 1 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ## Senior Health Care of Florida, 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:

Sandra Justin

Name of Person

Senior Health Care of Florida, LLC

Firm/Company

1743 Astor Farms Place

Address

Sanford, Florida 32771

City/State and Zip Code

sjustin@americanseniorbenefits.com

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

For further information concerning this matter, please call:

Sandra Justin   at (**407**) **378-3453**

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐$125.00 Filing Fee   ■$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                Certificate of Status   Certified Copy   Certificate of Status &
                                      (additional copy is enclosed)   Certified Copy
                                                      (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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 Health Care of Florida, 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:

Sandra Justin

Mailing Address:

1743 Astor Farms Place

Sanford, Florida 32771

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:

Sandra Justin

Name

1743 Astor Farms Place

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

Sanford, FL 32771

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: **Name and Address:**

"MGR" = Manager
"MGRM" = Managing Member

MGR/MGRM _____   Sandra Justin — *Single Member*

_____ _____   _____

_____   _____
                                              _____
                                              _____

_____   _____
                                              _____
                                              _____

_____   _____
                                              _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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:

Sandra Justin

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sandra Justin
_____
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)