

LI4 00 0018314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

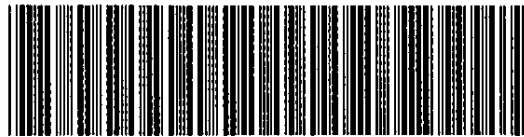
(Business Entity Name)

(Document Number)

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

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J. Shivers FEB 03 2013

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SIMPLY SENIORS, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Mary Luster**

\_\_\_\_\_  
Name of Person

**Simply Seniors, LLC**

\_\_\_\_\_  
Firm/Company

**8918 Jonathan Manor Drive**

\_\_\_\_\_  
Address

**Orlando, FL 32819**

\_\_\_\_\_  
City/State and Zip Code

**mary@orlandohomeseeker.com**

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

For further information concerning this matter, please call:

**Mary Luster**

**407**

**488-4069**

\_\_\_\_\_  
at ( )

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:

Simply Seniors, 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:**

**Mailing Address:**

8918 Jonathan Manor Drive  
Orlando, FL 32819

8918 Jonathan Manor Drive  
Orlando, FL 32819

**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:

Mary Luster

Name

8918 Jonathan Manor Drive

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

Orlando

FL 32819

City

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 605, F.S.*

Mary Luster

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**The name and address of each person authorized to manage and control the Limited Liability Company:**

MGR

~~8918 Jonathan Manor Drive~~  
~~Orlando, FL 32819~~

~~9205 Hidden Bay Lane~~  
~~Orlando, FL 32819~~