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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

	gistration Section vision of Corporations	
CUD ELCO	Simply Seniors, LLC	
SUBJECT:	Name of	Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this	s matter to the following:
	Mary Luster	
	. , ,	Name of Person
	Simply Seniors, LLC	
		Firm/Company
	8918 Jonathan Manor Drive	е
		Address
	Orlando, FL 32819	
	mary@orlandohomeseeke	City/State and Zip Code r.com
	E-mail address	s: (to be used for future annual report notification)
For further	information concerning this matter, p	please call:
Mary Lu	ster a	407 488-4069
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Simply Senio				-	
	(Must end with the words "Li	mited Liability Company, "L.L.C.," or "	LLC.")		
ARTICLE II - A		pal office of the Limited Liability Comp	pany is:		
Principal Office	Address:	Mailing Address:			
	an Manor Drive	8918 Jonathan Manor [Orlando, FL 32819	Drive	_	
	Registered Agent, Registered Of	ffice, & Registered Agent's Signature: s own Registered Agent. You must desig		dual or	
ARTICLE III - II (The Limited Liab	Registered Agent, Registered Of ility Company cannot serve as its entity with an active Florida regis Florida street address of the regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must design tration.)		idual or	r
ARTICLE III - II (The Limited Liab	Registered Agent, Registered Of pility Company cannot serve as its entity with an active Florida regist Florida street address of the regist Mary Luster	ffice, & Registered Agent's Signature: s own Registered Agent. You must design tration.)		idual or	
ARTICLE III - II (The Limited Liab	Registered Agent, Registered Of pility Company cannot serve as its entity with an active Florida regist Florida street address of the regist Mary Luster	ffice, & Registered Agent's Signature: s own Registered Agent. You must design tration.) stered agent are:			
ARTICLE III - II (The Limited Liab	Registered Agent, Registered Of ility Company cannot serve as its entity with an active Florida registered Florida street address of the register Mary Luster	Fice, & Registered Agent's Signature: s own Registered Agent. You must design tration.) stered agent are: Name Or Drive		是一个。 第3	
ARTICLE III - II (The Limited Liab	Registered Agent, Registered Of bility Company cannot serve as its entity with an active Florida registered as treet address of the register Mary Luster 8918 Jonathan Mane	Fice, & Registered Agent's Signature: s own Registered Agent. You must design tration.) stered agent are: Name Or Drive			

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:	
AMBR" = Authorized Member MGR" = Manager MGR	Mary Luster	
	8918 Jonathan Manor Drive Orlando, FL 32819	
MGR	Heather Frazee 9205 Hidden Bay Lane	
	Orlando, FL 32819	
		· · · · · · · · · · · · · · · · · · ·
	te of filing: (OPTION	
EV: Effective date, if other than the date tive date is listed, the date must be s f filing.)		
EV: Effective date, if other than the date tive date is listed, the date must be s f filing.)		
E V: Effective date, if other than the date tive date is listed, the date must be s filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days	
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