## 14000037256

(Requestor's Name)
(Address)
(Addiess)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE 02-27-M



B. BOSTICK
MAR - 5 2014

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Aveline Senior Companions, 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:	
Ewa Glaser Name of Person	
Aveline Senior Companions, LLC	
1459 Cairn Court Address	
Address  Palm Harbor, FL 34683  City/State and Zip Code  Warsaw 812 @ gmail-com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Warsaw 812 @ gmail.com	
E-mail address: (to be used for future annual report notification)	ب <del>ر</del> ب ال
For further information concerning this matter, please call:	
For further information concerning this matter, please call:  Ewa Glaser at (727) 420-3495  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$\$ \$125.00 \text{ Filing Fee} \$\frac{1}{2}\$	V.,_
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \text{\$\subseteq} \t	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Aveline Senior Com (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1459 Cairn Court	1459 Cairo Court
Palm Harbor, FL34683	Palm Harbor, FL 34683
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered ag	egistered Agent. You must designate an individual or
	~ ~
Name	ser - =
1459 Cairo Co Florida street address (P.O. Box N	
Palm Harbor,	341.83
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ce of process for the above stated limited liability company a ne appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

l'itle:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	a
MGR	Ewa Glaser
	1459 Cairn Court
	Palm Harbor, FL 34683
AMBR	Carolina
77.7.37	Ewa Glaser 1459 Cairo Court
	Palm Harbor FL 34683
Use attachment if necessary)	
tive date is listed, the date must be sp filing.)	e of filing: <u>Jebacu</u> <u>27</u> , <u>2014</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:	e of filing: Jebaca 27, 2014. (OPTIONAL) pecific and cannot be more than five business days prior to or s
ctive date is listed, the date must be sp filling.)  LVI: Other provisions, if any.  REQUIRED SIGNATURE:	Sur Case
ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false info	rember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. It is a provided for in s.817.155, F.S.)
tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	nember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  remation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
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Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo  \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	nember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent
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