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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

FLORIDA LIMITED LIABILITY CO. SENIORS ROCK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Seniors Rock, LLC	
Name of Limited Liab	ility Company
The enclosed Articles of Organization and fee(s) are submittee	ed for filing.
Please return all correspondence concerning this matter to the	following:
Name o	of Person
Capitol Services - Corporate Filing	s Team
Pirm/C	Company
515 East Park Avenue 2nd Fl	
Ad	dress
Tallahassee, FL 32301	
City/State of narducci.james@yahoo.com	and Zip Code
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	• /
	400 5500
Name of Person Area Code	Daytime Telephone Number
Hamily 011 classif Anda Code	Payame Telephote Number
Enclosed is a check for the following amount:	
☐ Certificate of Status ☐ Certi	\$160.00 Filing Fee, fied Copy mal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	Æ I	- Na	me:
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The name of the Limited Liability Company is:

Seniors Rock, LLC

(Must contain 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:

4082 W. Palm Aire Drive #7

4082 W. Palm Aire Drive #7

Pompano Beach, FL 33069-4071

Pompano Beach, FL 33069-4071

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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd FI

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

Tallahassee FL 32301

City

State

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..

Toular Sur

Taylor Seay, Asst. Sec. on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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Title:		Name and Address:
"AMBR" = /	Authorized Member	
"MGR" = Mi	anager	
MGR		James P. Narducci
		4082 W. Palm Aire Drive #7
		Pompano Beach, FL 33069-4071
		
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. Taylor Seay 8004323622

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R	- 	James P. Narducci 4082 W. Palm Aire Drive #7 Pompano Beach, FL 33069-4071
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