

**L99000008092**

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite • Tallahassee Florida 32302  
 (850) 224-8870 • 1-800-322-8000 • Fax (850) 222-1022

Senior American Assurance, LC

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 -11/23/99--01039--027  
 \*\*\*\*125.00 \*\*\*\*125.00

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- L.C. File *Photo*
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

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 99 NOV 23 PM 1:54  
 99 NOV 23 PM 1:15  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

*W 11/23*

Signature \_\_\_\_\_

Requested by:

LM      11/23      12:36  
 Name                      Date                      Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
SENIOR AMERICAN ASSURANCE, LC**

**ARTICLE 1 - NAME**

The name of this Florida limited liability company is:

**Senior American Assurance, LC**

**ARTICLE 2 - ADDRESS**

The mailing and street address of the principal office of this company is:

**2450 Hollywood Boulevard, Suite 700  
Hollywood, Florida 33020**

**ARTICLE 3 - REGISTERED AGENT**

The name and address of the registered agent are:


**Eugene P. Samuels, Esq.  
11242 S.W. 128 Place, Miami, Florida 33186**

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*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

By:   
Registered Agent's Signature

In accordance with section 608.408(3), Florida Statutes, the undersigned hereby affirms that the facts herein are true.

By:   
Authorized Representative

Eugene P. Samuels, Esq.  
Printed Name of Signee