## Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet** 

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.

(((H99000032899 9)))

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)922-4003

From:

Account Name

: BIZCORP INTERNATIONAL INC.

Account Number: I19990000093

Phone

: (561)776-2277

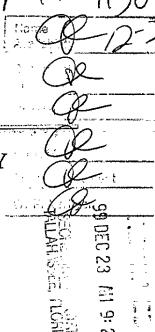
Fax Number

: (561)776-2266

# LIMITED LIABILITY COMPANY

SeniorLinx LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



ö

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

SeniorLinx LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

760 8th Court #3 Vero Beach, FL 32962

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Mark Weibel Name 760 8th Court #3 Florida street address (P.O. Box NOT acceptable) Vero Beach FL City, State, and 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 608, F.S..

> (See Attached Certificate) Registered Agent's Signature

#### Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen Levy

Typed or printed name of signee

Stephen Levy 4400 PGA Boulevard Suite 700 Palm Beach Gardens, FL 33410 (561) 776-2277

FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)

(((H99000032899 9)))

CELIVER OF STAI

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 648.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: SeniorLinx LLC
- 2. The name and address of the registered agent and office in:

Mark Weibel 760 8<sup>th</sup> Court #3 Vero Beach, FL 32962

Having been named as registered agent and to accept service of process for the above stated limited liability company at the piece designated in this cartificate, we hereby accept the appointment as registered agent and agent to act in this capacity. We further agent to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.

Mark Walhal

/2//4/99 (Date)

> ָ רַ