

L22000505150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

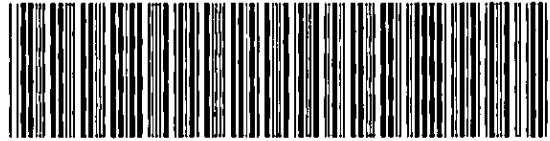
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
DEC - 5 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 DEC - 5 AM 8: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 DEC - 5 AM 11: 51

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Serenova 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:

Rebecca Lewis
Name of Person

Clark Hill PLC
Firm/Company

301 Grant Street, 14th Floor
Address

Pittsburgh, PA 15219
City/State and Zip Code

rlewis@clarkhill.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Lewis 412 394-7742
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/05/2022

Name: Merritt Walker

Reference #: 1855307

Entity Name: THE SERENOVA LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$125

Signature: *mw*

CORPORATE HQ
 COGENCY GLOBAL INC.
 10 E 40TH ST, 10TH FL
 NY, NY 10016
 D: +1.212.947.7200
 P: 800.221.0102
 F: 800.944.6607

EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND & WALES,
 REGISTRY #8010712
 6 LLOYDS AVE, UNIT 4CL
 LONDON EC3N 3AX
 +44 (0)20.3961.3080

ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPANY
 UNIT B, 7/F, LIPPO LEIGHTON TOWER
 103 LEIGHTON RD, CAUSEWAY BAY
 HONG KONG
 P: +852.2682.9633
 F: +852.2682.9790

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Serenova 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:

2770 Mystic Pointe Parkway
Land O'Lakes, FL 34638

2770 Mystic Pointe Parkway
Land O'Lakes, FL 34638

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Anthony Cutaia
Name

2770 Mystic Pointe Parkway
Florida street address (P.O. Box **NOT** acceptable)

Land O'Lakes FL 34638
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.

/s/ Anthony Cutaia
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Anthony Cutaia
2770 Mystic Pointe Parkway
Land O'Lakes, FL 34638

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Anthony Cutaia

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony Cutaia

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)