

L03000039378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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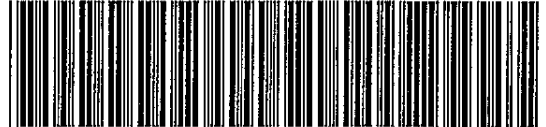
(Business Entity Name)

(Document Number)

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W2 10/15

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENDIPITY ANTIQUES AND FURNITURE COMPANY, L. L. C.
(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: *IF POSSIBLE, PLEASE RETURN A COPY OF THE FILED ARTICLES TO ME IN THE SSAE PERIOD.*

KERRY D. SAFIER
(Name of Person)

(Firm/Company)

21445 TOWN LAKES DRIVE, #325
(Address)

BOCA RATON, FLORIDA 33486
(City/State and Zip Code)

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For further information concerning this matter, please call:

KERRY D. SAFIER at (561) 212-2025
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERENDIPITY ANTIQUES AND FURNITURE COMPANY, L. L. C.

ARTICLE II - Address:

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

Principal Office Address:

21445 TOWN LAKES DRIVE

#325

BOCA RATON, FL 33486

Mailing Address:

P. O. BOX 272384

BOCA RATON, FL 33427-2384

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

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

KERRY D. SAFIER

Name

21445 TOWN LAKES DRIVE, #325

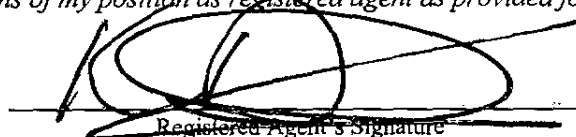
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33486

City, State, and Zip

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


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

<u>MGRM</u>	<u>KERRY D. SAFIER</u> <u>21445 TOWN LAKES DRIVE, #325</u> <u>BOCA RATON, FL 33486</u>
<u>MGR</u>	<u>TED J. CONOWAL</u> <u>2943 W. ORCHARD CIRCLE</u> <u>DAVIE, FL 33328</u>
<u>MGR</u>	<u>JENNIFER POWELL</u> <u>4641 82ND AVE. N.</u> <u>PINELLAS PARK, FL 33781</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or 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.)

KERRY D. SAFIER

Typed or printed name of signee

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)

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