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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY
TALLMADGE

2004 JUL 22 P 1:00

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENITY BAY, 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:

DON BARBIC

(Name of Person)

SERENITY BAY, LLC

(Firm/Company)

10562 RIVERSIDE ROAD

(Address)

PORT CHARLOTTE, FL. 33981

(City/State and Zip Code)

For further information concerning this matter, please call:

DON BARBIC

(Name of Person)

at (941)

698-9225

(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

SECRETARY OF STATE
TALLAHASSEE, FL.

2004 JUL 22 P 1:00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERENITY BAY, LLC

ARTICLE II - Address:

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

Principal Office Address:

10562 RIVERSIDE ROAD

PORT CHARLOTTE, FL 33981

Mailing Address:

10562 RIVERSIDE ROAD

PORT CHARLOTTE, FL 33981

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

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

DON BARBIC

Name

10562 RIVERSIDE ROAD

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

PORT CHARLOTTE FLORIDA 33981

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, Florida Statutes..

Registered Agent's Signature

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:

MGRM

DON BARBIC
10562 RIVERSIDE ROAD
PORT CHARLOTTE, FL 33981

MGRM

KEN A. WARNES IV
604 8TH ST. SW
CONOVER, NC 28613

MGRM

DUKE M. duFRANE
710 ZEUSWYNN DRIVE
CULPEPPER, VA 22701

MGRM

STEVEN M. BILICK
17281 BUCKTHORN DR.
CHARGIN FALLS, OH. 44023

(Use attachment if necessary)

2004 JUL 22 P 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.)

DON BARBIC

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)

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:

ATTACHMENT

MGRM

DEAN CASTELHANO
2 CHERRY HILL LANE
HILTON HEAD, SC. 29926

(Use attachment if necessary)

2004 JUL 22 P 1:00
SECRETARY OF STATE
TALLAHASSEE FL

FILED

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