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(Address)

(Address)

(City/State/Zip/Phone #)

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SECURITY STATE
TALLAHASSEE, FLORIDA

T. Brumbley MAY 11 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENDIPITY AMJ, 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:

ADINA MIHAELA JICHISAN
(Name of Person)

SERENDIPITY AMJ, LLC
(Firm/Company)

6789 Town Harbour Blvd, Apt. 2124
(Address)

Boca Raton, Florida 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

ADINA MIHAELA JICHISAN 561 239 1098
(Name of Person) at (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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 AMJ, LLC

ARTICLE II - Address:

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

Principal Office Address:

6789 Town Harbour Blvd, Apt 2124
Boca Raton, Florida 33433

Mailing Address:

6789 Town Harbour Blvd, Apt 2124
Boca Raton, Florida 33433

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

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

ADINA MIHAELA JICHISAN

Name

6789 Town Harbour Blvd, Apt 2124

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

Boca Raton FL 33433

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..

Adina Mihaela Jichisan

Registered Agent's Signature

(CONTINUED)

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STATE
TALLAHASSEE, FLORIDA

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:

MGR

ADINA MIHAELA JICHISAN

6789 Town Harbour Blvd, apt 2124
Boca Raton, FL 33433

(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.)

ADINA MIHAELA JICHISAN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)