

L06000075866

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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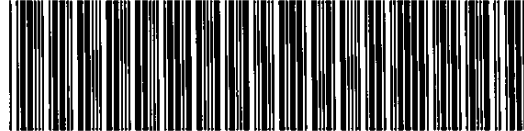
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 280314 81093A

AUTHORIZATION :

COST LIMIT : \$ 125.00

06 AUG - 1 PM 4:26  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 1, 2006

ORDER TIME : 12:40 PM

ORDER NO. : 280314-005

CUSTOMER NO: 81093A

DOMESTIC FILING

NAME: TIFFANY'S SERENDIPITY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
TIFFANY'S SERENDIPITY, LLC

FILED  
06 AUG - 1 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, as authorized representative for the Company, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I  
NAME

The name of the Limited Liability Company is TIFFANY'S SERENDIPITY, LLC.

ARTICLE II  
REGISTERED AGENT

The initial registered agent of the Company is CRAIG R. HERSCH. The registered address of the Company is: 9100 College Pointe Court, Fort Myers, Florida 33919.

ARTICLE III  
MAILING ADDRESS

The mailing address of the Company is 3260-4 Prince Edward Isle, Fort Myers, Florida 33907.

ARTICLE IV  
MANAGEMENT AND PURPOSE

The Company shall be a member-managed company, and shall initially be managed by TIFFANY M. CREP. The Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The general purpose of the Company is to perform any lawful business, including the family management of family interests, within or without the State of Florida.

ARTICLE V  
MEMBERS

The name and address of the initial members of the Company are:

NAMEADDRESS

TIFFANY M. CREP

3260-4 Prince Edward Isle  
Fort Myers, Florida 33907

IN WITNESS WHEREOF, the undersigned authorized representative for the Company has made and subscribe these Articles of Organization at Fort Myers, Florida, for the foregoing uses and purposes this 1st day of August, 2006.

  
\_\_\_\_\_  
Craig R. Hersch, Authorized Representative for  
the Company

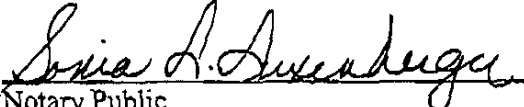
STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 1st day of August, 2006, by CRAIG R. HERSCH, who (☒) are personally known to me or who (☐) has produced N/A as identification.

(Seal)

My Comm. Expires:  
My Comm. No.:


  
\_\_\_\_\_  
Notary Public  
SONIA L. LUXENBERGER  
Printed Notary Signature



Sonia L. Luxenberg  
MY COMMISSION # DD179819 EXPIRES  
April 15, 2007  
BONDED THRU TROY FAIR INSURANCE INC

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for TIFFANY'S SERENDIPITY, LLC, at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.

  
Craig R. Hersch

Date : August 1, 2006