

L070000102115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

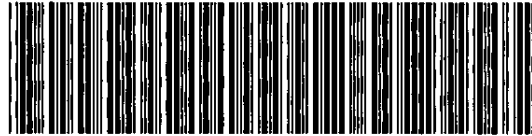
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOUCH OF SERENITY
(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:

Rose BARWICK
(Name of Person)

TOUCH OF SERENITY
(Firm/Company)

5764 STAFFORD SPRINGS TRAIL
(Address)

ORL., FL. 32829
(City/State and Zip Code)

For further information concerning this matter, please call:

Rose BARWICK at (407) 427 9134
(Name of Person) (Area Code & 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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2007

ROSE BARWICK
5764 STAFFORD SPRINGS TRAIL
ORLANDO, FL 32829

SUBJECT: TOUCH OF SERENITY, LLC
Ref. Number: W07000047428

We have received your document for TOUCH OF SERENITY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 007A00056194



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2007

ROSE BARWICK
5764 STAFFORD SPRINGS TRAIL
ORLANDO, FL 32829

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Ref. Number: W07000047428

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Neysa Culligan
Document Specialist

Letter Number: 007A00056194

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOUCH OF SERENITY, LLC

(Must end with 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:

CREALDE EXECUTIVE CENTER
2431 ALOMA AVE, SUITE 159
WINTER PARK, FL 32792

Mailing Address:

5764 STAFFORD SPRINGS TR.
ORLANDO, FL 32829

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:

ROSE

BARWICK

Name

5764 STAFFORD SPRINGS TRAIL

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

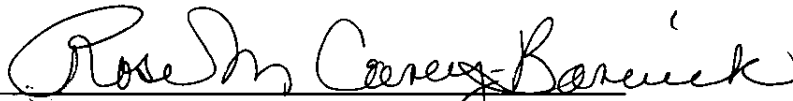
ORLANDO

FL

32829

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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STATE OF 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

ROSE BARWICK
5764 STAFFORD SPRINGS TRAIL
ORLANDO

MGRM

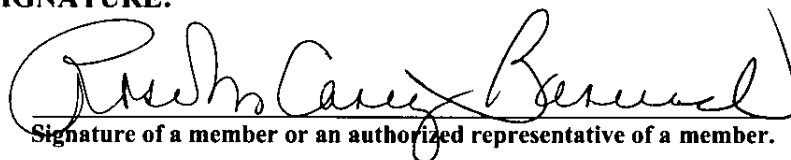
HAL BARWICK
5764 STAFFORD SPRINGS TR.
ORLANDO, FL 32829

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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.)

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.)

Rose M. Carey-Barwick
Typed or printed name of signee

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)**