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TILEU 2009 AUG 3/ AM 11: 59 SECRETARSEE, FLORIG

M. THOMAS

AUG 3 1 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp								
SUBJE	ECT:		SI	EREI	NITE	SPA .			
		Name o	f Limite	d Liabi	lity Con	npany			
The en	closed Articles of (Organization and fee	e(s) are s	submitte	ed for fil	ling.			
Please	return all correspor	ndence concerning to	his matt	er to the	follow	ing:			
			NAIPE	I TAN	IG-ML	JNGO			
				Name o	f Person				
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For fur	ther information co	oncerning this matter	, please	call:					
	NAIPEI TA	NG-MUNGO Person	AL	_ at (321) ode & Davtime	751-0847 Telephone Numb	er	
Enclos	ed is a check for	the following amo	unt:					-	
] \$125.	00 Filing Fee 🔽]\$130.00 Filing F Certificate of Sta		Ce	rtified (ling Fee & Copy opy is enclosed	\$160.00 I Certifica Certified (additional	te of Stat Copy	us &
		Mailing Address Registration Section Division of Corpore P.O. Box 6327 Tallahassee, FL 32.	ations		Registr Division Clifton 2661 E	Courier Addration Section on of Corporate Building Executive Centassee, FL 3230	tions ter Circle		

v. Marsha Thomas



扇 850 245,6030

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2009

NAIPEI TANG-MUNGO 3820 FRINGETREE LANE MELBOURNE, FL 32940

SUBJECT: SERENITE SPA LLC Ref. Number: W09000038709

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

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 709A00028873

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SERENITE	SPA LLC
(Must er		Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address a	,	e principal office of the Limited Liability Con
Principal Office Add	ress:	Mailing Address:
2955 PINEDA CAUS MELBOURNE, FLO		3820 FRINGETREE LANE 700 MELBOURNE FLORIDA 95
32940		32940 9
(The Limited Liability Comps business entity with an active	any cannot serve as its own F e Florida registration.)	ered Office, & Registered Agent's Signature legistered Agent. You must designate an individual or anothe he registered agent are:
(The Limited Liability Comps business entity with an active	any cannot serve as its own for a first own fo	ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or anothe the registered agent are: ANG-MUNGO
(The Limited Liability Comps business entity with an active	any cannot serve as its own for a florida registration.) rida street address of the NAIPELTA	tegistered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Compa business entity with an active	any cannot serve as its own for Florida registration.) rida street address of to NAIPELTA N	tegistered Agent. You must designate an individual or another the registered agent are:

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.

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	MAIPEI TANG-MUNGO 3820 FRINGETREE LANE MELBOURNE, FLORIDA 32940
	CORDE
(Use attachment if necessary)	
ffective date is listed, the date	than the date of filing: (OPTION/
LE V: Effective date, if other frective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: (OPTIONAL must be specific and cannot be more than five business day
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: (In accordance of this documents)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business day
LE V: Effective date, if other frective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: (In accordance of this documents)	than the date of filing: must be specific and cannot be more than five business day the must be specific and cannot be must

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)