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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective Date

9-20-10

J. SAULSBERRY
EXAMINER

SEP 28 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Serenity Healing House 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: -

Ms. Sherri Medeiros
Name of Person

Serenity Healing House, LLC
Firm/Company

P.O. Box 19473
Address

WPB, FL 33416
City/State and Zip Code

jones_casa@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Casandra Jones at (561) 255-3783
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Serenity Healing House, 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:

Serenity Healing House
548 NW 13th Avenue
Boynton Beach, FL 33435

Mailing Address:

Sherri Medious
P.O. Box 19473
WPB, FL 33416

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:

Sherri Medious
Name
548 NW 13th Ave
Florida street address (P.O. Box **NOT** acceptable)
Boynton Beach FL 33435
City, State, and Zip

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ALAHABSEF, FLORIDA

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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..

Sherri Medious
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

Diagram 1: A horizontal line on the left connects to a vertical line on the right via a single diagonal line segment.

Diagram 2: A horizontal line on the left connects to a vertical line on the right via a horizontal line segment.

Diagram 3: A horizontal line on the left connects to a vertical line on the right via a horizontal line segment, with a diagonal line segment connecting the horizontal line to the vertical line.

Diagram 4: A horizontal line on the left connects to a vertical line on the right via a horizontal line segment, with a diagonal line segment connecting the horizontal line to the vertical line, and a horizontal line segment connecting the diagonal line to the vertical line.

Diagram 5: A horizontal line on the left connects to a vertical line on the right via a horizontal line segment, with a diagonal line segment connecting the horizontal line to the vertical line, and a horizontal line segment connecting the diagonal line to the vertical line, and a horizontal line segment connecting the diagonal line to the vertical line.

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