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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
SERENITY GARDEN VILLAS LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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J. BRYAN

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EXAMINER

H11000197794

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERENITY GARDEN VILLAS 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:Mailing Address:912 NORTH OLIVE AVENUE
WEST PALM BEACH
FLORIDA 3340115097 75 TH LANE NORTH
LOXAHATCHEE
FLORIDA 33470

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:

RICK S. NIELSEN

Name

912 NORTH OLIVE AVENUEFlorida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FL 33401

City, State, and Zip

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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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:MGRMCHAD E. CAWLEY
92 NORTH OLIVE AVENUE
WEST PALM BEACH FLORIDA 33401MGRMRICK S. NIELSEN
92 NORTH OLIVE AVENUE
WEST PALM BEACH FLORIDA 33401

(Use attachment if necessary)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.)

RICK S. NIELSEN
Typed or printed name of signeeFILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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