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(Requestor's Name)
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(6.1,) 6.11.12.14, 1.11.11,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

SEP 21 2011

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: Serenity Property Management Services, 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:

Robert Dooley Jr	
•	Name of Person
-	Firm/Company
9951 Atlantic Blvd Suite	e 149
	Address
Jacksonville, FL 32225	
Ciŋ	y/State and Zip Code
bobby.dooley@serenitypm.co	m Fee II s
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please	m CC SP Code or future annual report notification) c call:
Robert Dooley	at (904) 565-9901 FIST Area Code & Daytime Telephone Number 977 FIST 6
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	Area Code & Daytime Telephone Number
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling 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 Property Management Services, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

951AtlanticBlvd	9951 Atlantic Blvd
Suite149	Suite 149
acksonville,FL32225	Jacksonville, FL 32225
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.) The name and the Florida street address of the Nan Past Atlant	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
7 - 1/2 > 1/2	STATE OF THE PROPERTY OF THE P
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
(CONTI	NUED)

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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:

MGRM	Robert Dooley Jr 9951 Atlantic Blvd #149
•	Jacksonville, FL 32225
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTION

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.817.155, F.S.)

Robert Dooley Jr

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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