L1201105147

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
N12000012886

Office Use Only

EFFECTIVE DATE OH/H



100223091721

03/05/12--01032--014 **130.00

D. BRUCE APR 16 2012 **EXAMINER**



March 6, 2012

SERENA SPATES 3361 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33426

SUBJECT: SERENE LIFE LLC Ref. Number: W12000012886

We have received your document for SERENE LIFE 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L10000020521 "THE SERENE LIFE, LLC".

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 cal (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 412A00008574

COVER LETTER

· ·	stration Section sion of Corporations	
SUBJECT:	The Serene Life Show	LLC
SOURCE:		ed Liability Company
The enclosed	Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this mat	ter to the following:
Ser	ena Spates	
		Name of Person
The	Serene Life Show	
		Firm/Company
331	6 Quantum Lakes Drive	e
		Address
Boyr	nton Beach FI 33426	
		ty/State and Zip Code
into@	Dserenelifeshow.com E-mail address: (to be used	for future annual report notification)
For further inf	formation concerning this matter, pleas	
Serena S	pates	at (772) 9710500
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	g Fee \$\square\s	S155.00 Filing Fee & \$160.00 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

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The name of the Limited Liability Company is:

The Serene Life Show 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:

3316 Quantum Lake Drive

Boynton Beach FI 33426

3316 Quantum Lakes Drive

Boynton Beach FI 33426

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:

Serena Spates

Name

3316 Quantum Lakes Drive

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

Boynton Beach

_{FL} 33426

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.

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 04/11/12

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	Serena Spates
	3316 Quantum Lakes Drive
	Boynton Beach Fl 33426
-	
	e date of filing: 04/11/2012 (OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: 04/11/2012 . (OPTIONA be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 60) constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felon	be specific and cannot be more than five business day over or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, rination submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 60 constitutes an affirmation under 1 am aware that any false inforconstitutes a third degree felom Serena Spate	be specific and cannot be more than five business day over or an authorized representative of a member. 88.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)