

L 130000004416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

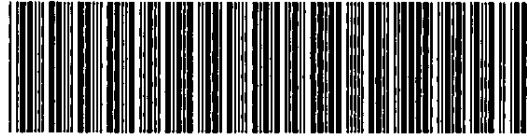
Special Instructions to Filing Officer:

JAN - 8 2013

A. LUNT

W12-101508

Office Use Only



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12/10/12--01036--000 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN - 8 AM 11:26

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2012

ALAN GONZALEZ
601 BAYSHORE BLVD.
SUITE 720
TAMPA, FL 33606

SUBJECT: RESERVE LLC
Ref. Number: W12000061508

We have received your document for RESERVE LLC and your check(s) totaling \$160.00. 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 existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is M04000000649.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 412A00029406

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS

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December 13th, 2012

RE: Letter Number 412A00029406; Document Number: M04000000649

Agnes Lunt,

Please find enclosed a new application for "SERENE, LLC" which is the selected available name for the company originally filed as "RESERVE, LLC".

Please apply the funds for RESERVE, LLC application to this new application.

Also enclosed is the name conflict notification letter dated December 12th, 2012.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Warm Regards,

Samuel Fuller



(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENE, 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:

ALAN GONZALEZ

Name of Person

WALTERS, LEVINE, KLINGENSMITH & THOMISON

Firm/Company

601 BAYSHORE BLVD SUITE 720

Address

TAMPA, FL 33606

City/State and Zip Code

agonzalez@walterslevine.com

E-mail address: (to be used for future annual report

notification) For further information concerning this matter, please call:

Alan Gonzalez

813

254-7474

at (_____) _____

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) X \$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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERENE, 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:

601 BAYSHORE BLVD SUITE 720
TAMPA, FL 33606

Mailing Address:

P.O. BOX 17981
SARASOTA, FL 34276

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:

ALAN GONZALEZ

Name

601 BAYSHORE BLVD SUITE 720

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

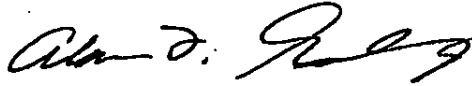
TAMPA

FL

33606

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TAMPA, FLORIDA

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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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

SAMUEL FULLER

P.O. BOX 17981

SARASOTA, FL 34276

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/12/2012 . (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:

Samuel Fuller

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.)

SAMUEL FULLER

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)