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SECRETARY OF STATE

(850) 245-6051.

**Registration Section** 

TO:

## COVER LETTER

Division of Corporations		
SUBJECT: Serenity Services Investments LL 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:		
James L. Watson Name of Person		
Firm/Company		
4014 Lancaster Dr Address		
Sara Sota, FL 34241  City/State and Zip Code  Watsons 9@ Vahoo.com  E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (941) 780 - 3659  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address		

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Serenity Services Inv (Must end with the words "Limited Liability	est ments LLC Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4014 Lancaster Dr. Sarasota, FL 34241	4014 Lancaster Dr. Sara sota, FL 3424	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)		
The name and the Florida street address of the reg	gistered agent are:	
James L. Watson Name		
Holy Lancaster Or.  Florida street address (P.O. Box NOT acceptable)  Saras ota, FL 34241  Saras ota, FL 34241		
Saras ota, City, State	FL 34241 87 5	
liability company at the place designated in thi registered agent and agree to act in this capacity	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

## 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 MGR (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.817.155, F.S.)

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)