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January 24, 2014

FLORIDA DEPARTMENT OF STATE

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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Tammy Hampton Regulatory Specialist III FAX Aud. #: H14000015076 Letter Number: 814A00001594

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SECRETARY OF STATE
TAIL AHASSEE DI OPINA

P.O BOX 6327 - Tallahassec, Florida 32314

	H1400d0:5076		
	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CON	MPANY	
	TICLE I - Name: name of the Limited Liability Company is:		
	SERENITY TRANSPORTATION SERVICE ust end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")	ē5	LLC
(Mi	st end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")	-	
	RTICLE II - Address: e mailing address and street address of the principal office of the Limited Liability Con	npany is:	
<u>Pr</u>	incipal Office Address: Mailing Address:	•	
	6435 SW 102 ST.		•
	Miami H 33/56		
(Th	RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature Limited Limited Limited Limited Limited Signature and individual or another siness entity with an active Florida registration.)	e: or	
Th	name and the Florida street address of the registered agent are:		
	Marisela DE16ADO		
	Name 6435 Sw 102 ST- Florida street address (P.O. Box NOT acceptable)	••	
	Miami FL 33156 City, State, and Zip		
	City, State, and Zip		
co ag pr	aving been named as registered agent and to accept service of process for the above state impany at the place designated in this certificate, I hereby accept the appointment as registree to act in this capacity. I further agree to comply with the provisions of all statutes report and complete performance of my duties, and I am familiar with and accept the obligation as registered agent as provided for in Chapter 605 F.S	stered agent lating to the	and
	Registered Agent's Signature (REQUIRED)		
	(CONTINUED)	2014 JAN 24 SECRETARI TALLAHASS	FIL
	Page 1 of 2	TARY OF STATE ASSEE, FLORE	ED

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	ARTICLE IV- Manager(s) or Manager The name and address of each Manager		
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	,
	MGR_	MariseLA DEL	SADO 51:
		miami +L 3.3/3	<u></u>
			-
	(Use attachment if necessary)		i fy √
(If a	FICLE V: Effective date, if other than the din effective date is listed, the date must be r 90 days after the date of filing.)	late of filing:specific and cannot be more than five	. (OPTIONAL) bustness days prior
	REQUIRED SIGNATURE: Signsture of a member	of an authorized representative of a member	ēr.
	(In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree falony	08(3). Florida Statutes, the execution of this d the penalties of perjury that the facts stated her ation submitted in a document to the Departme as provided for in s.817.155, F.S.)	ocument ein are true.
	Marisela Typ	ned or printed hame of signee	2014 JAN 24 SECRETAIN TALLAHASS
			FILED JAN 24 AM 7: 41 CRETARY OF STATE LANASSEE, FLORIDA
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