

L14000057427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

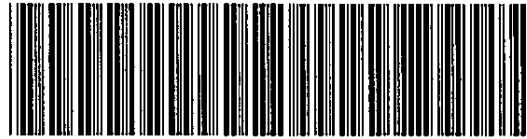
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/24/14--01014--001 **160.00

APPROVED
AND
FILED

14 APR -2 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR. 8 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2014

NICOLE E. EDWARDS / SERENITY THERAPEUTICS, LLC
1435 GRANT ST
HOLLYWOOD, FL 33020 US

SUBJECT: SERENITY THERAPEUTICS, LLC
Ref. Number: W14000019319

We have received your document for SERENITY THERAPEUTICS, 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 registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 314A00006516

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Serenity Therapeutics, 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:

Nicole E. Edwards
Name of Person

Serenity Therapeutics, LLC
Firm/Company

1435 Grant Street
Address

Hollywood, FL 33020
City/State and Zip Code

nserenity14@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Edwards at (330) 705-3379
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

APPROVED
AND
FILED

14 APR -2 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Serenity Therapeutics, 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:

1435 Grant Street

Hollywood, FL 33020

1435 Grant Street

Hollywood, FL 33020

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:

Nicole Edwards

Name

1435 Grant Street

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

Hollywood

City

FL 33020

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 605, F.S.

Nicole Edwards

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Name and Address:

Nicole E. Edwards _____

1435 Grant Street _____

Hollywood, FL 33180 _____

(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.)

ARTICLE VI: Other provisions, if any.

I am purchasing this LLC for my home business and need it ASAP. How long after my filing date should it take before my LLC is ready for use? Thank you.

REQUIRED SIGNATURE:

Nicole Edwards

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Nicole E. Edwards

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)