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COVER LETTER

TO:

Registration Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: THE SERENE Name of Limite	SHERPA d Liability Company
	• • •
The enclosed Articles of Organization and fee(s) are su	•
Please return all correspondence concerning this matte	r to the following:
Peggy Stora	
	Name of Person
The Serene S	shorpa
1	Firm/Company
4215 Post AU	enue
	Address
MIAMI BEACH City	/FL/33140
Peggy · Stora @ \(\) E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please	
•	
reggy Stora at 3	rea Code Daytime Telephone Number
Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\square\$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
THE SERENE SHERPA (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	ailing Address:
1215 Post AVE Niani Beach, FL, 33140	1215 Post AVE TIANI BEACH, FL, 33140 15A
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
PEGGY STO	29
Name	
4215 Post AVE	-
Florida street address (P.O. Box NOT	
TUAN' BEACH ,	FL 33140 Zip
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the a capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation Chapter 60.	appointment as registered agent and agree to act in this statutes relating to the proper and complete performance ons of my position as registered agent as provided for in
Registered Agents Signature (I	REQUIRED) 14 0
(CONTINUED)	OCT 3 AHAS
Page 1 of 2	30 AM

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Dangle Stars
MGR	Peggy Stora 4215 Post Avenue
	MIAMI BEACH , FL, 33140
	
	
effective date is listed, the date must be space of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 de
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 de
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CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 66 constitutes an affirmation und	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
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