

L14 000192777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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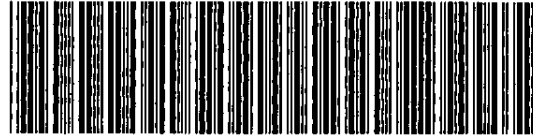
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE 01-01-15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 18 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENITY VACATIONS 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:

GLENN FEAZEL
Name of Person

SERENITY VACATIONS LLC
Firm/Company

11 SOUTH WILDFLOWER UNIT 314
Address

SANTA ROSA BEACH FLORIDA 32459
City/State and Zip Code

BG2265@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENN FEAZEL at (318) 210 5828
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)
☐ \$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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERENITY VACATIONS 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:

11 SOUTH WINDFLOWER UNIT 314
SANTA ROSA BEACH FLORIDA
32459

Mailing Address:

SAME AS PRINCIPAL

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:

GLENN FEAZEL / FEAZEL CUSTOM HOMES

Name

161 GOLDSBY RD UNIT H1

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

SANTA ROSA BEACH FL 32459

City

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.

Glenn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

GLENN FEAZEL
11 SOUTH WILD FLOWER UNIT 314
SANTA ROSA BEACH FL 32459

JONATHAN HORN
98 DUNE LAKES CR. UNIT 1-203
SANTA ROSA BEACH FL 32459

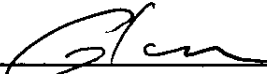
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/15 (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.

REQUIRED SIGNATURE:


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.)

GLENN FEAZEL

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)

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TALLAHASSEE, FLORIDA

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