## L15000170696

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W15-620	760-	-

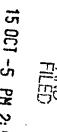
Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA





## **COVER LETTER**

10: Registration Section Division of Corporations			
SUBJECT: Serenity Screen Enclosures 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:			
Ronald Richar Name of Person			
Serenity Screen Enclosures			
3700 Timber Trail Address			
Orlando, PL 32808  City/State and Zip Code  Oulando Screen @ gmail. Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ronald Richar at (407) 692-3631  Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\frac{155.00 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**

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 18, 2015

RONALD RICHAR 3700 TIMBER TRAIL ORLANDO, FL 32808

SUBJECT: SERENITY SCREEN ENCLOSURES

Ref. Number: W15000062060

We have received your document for SERENITY SCREEN ENCLOSURES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 915A00019754



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 15 OCT -5 PM 2: 51
ARTICLE I - Name:  The name of the Limited Liability Company is:  SECRETARY OF STATE TALLAHASSATE FLORIDA  (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:  3700 timber trail 3700 timber trail 0 rlando, fl 32808 0 rlando, fl 32808
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:  Ronald Roman  Name
3700 timber trail Florida street address (P.O. Box NOT acceptable)
Onando FL 32708 City State 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 have agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I have familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)  (CONTINUED)

Page 1 of 2



ARTICLE IV-		15 OCT -5 PM 2: 51
ARTICLE IV- The name and address of each person authority	ized to manage and control the Limit	ed Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:	TALLAHASSEE, FLORIDA
"MGR" = Manager	Ronald R	Lichar Der Frail PL 32 808
•		<del></del>
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		***
(Use attachment if necessary)		<del></del>
ARTICLE V: Effective date, if other than the date of fi (If an effective date is listed, the date must be specific the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of St ARTICLE VI: Other provisions, if any.	c and cannot be more than five busi the applicable statutory filing require	iness days prior to or 90 days after
REQUIRED SIGNATURE:	Richard	
This document is executed in I am aware that any false info	er or an authorized representative in accordance with section 605.0203 ( formation submitted in a document to bony as provided for in s.817.155, F.S	(1) (b), Florida Statutes. the Department of State
<u> </u>	ald Richar printed name of signee	
	Filing Fees:	
\$125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	zation and Designation of Register	ed Agent

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