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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Serenity 65 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:
Danielle Salafrio Name of Person
Serenity 45 LLC
2727 NW 4300 STREET SUITE 5AWRS
Gamesville, FL 3260c
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Salafrio at 352 538-1597 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

FILED

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GAIOCSIII Le M. 37606 32606
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:
DanielleSalafrio
6305 NW 7PM terr
Florida street address (P.O. Box NOT acceptable)
Garnesville PL 32653
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 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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Use attachment if necessary) V. Effective date, if other than the date of filing: (OPTIONAL) trive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member be an adthorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) Page 2 of 2	Jese attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (OPTI	Title:	Name and Address:	
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