

L17000034146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

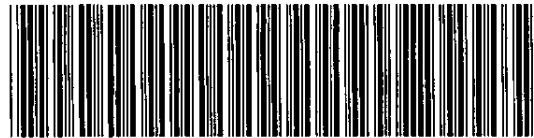
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 FEB 15 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2017

K. Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SERENE HEALING FIELDS 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:

KAVITHA GUDUR
Name of Person

Firm/Company

4959 RUSTIC OAKS CIRCLE
Address

NAPLES, FL 34105
City/State and Zip Code

knvg2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAVITHA GUDUR at (239) 248-3009
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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERENE HEALING FIELDS LLC

(Must contain 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:

4959 RUSTIC OAKS CIRCLE
NAPLES, FL 34105

Mailing Address:

4959 RUSTIC OAKS CIRCLE
NAPLES FL 34105

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:

KAVITHA GUDUR

Name

4959 RUSTIC OAKS CIRCLE

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

NAPLES FL 34105

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)

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TALLAHASSEE, FLORIDA

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

Name and Address:

KAVITHA GUDUR
4959 RUSTIC OAKS CIRCLE
NAPLES FL 34105

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized 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.

KAVITHA GUDUR

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)

COVER LETTER

REF: SERENE HEALING FIELDS,LLC.

I, KAVITHA GUDUR, IS HEREBY ATTACHING THIS COVER LETTER TO MY APPLICATION FOR THE NEW FILING OF SERENE HEALING FIELDS LLC.

NAME OF MANAGER KAVITHA GUDUR
ADDRESS 4959 RUSTIC OAKS CIRCLE, NAPLES, FL 34105
DAY TIME PHONE 239 248 3009

THANK YOU

A handwritten signature in black ink, appearing to read 'Kavitha Gudur', with a long horizontal stroke extending to the right.

KAVITHA GUDUR