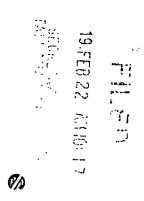
# L19000041364

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>: #)</del>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
I 		

Office Use Only



500325063755



19 FEB 22 PH 4: 10

RECEIVED

T SCHROEDER

1 13 1

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 642617 AUTHORIZATION : C COST LIMIT : ORDER DATE: February 22, 2019 ORDER TIME : 1:29 PM ORDER NO. : 642617-005 CUSTOMER NO: 149697A DOMESTIC FILING NAME: SERENITY MASSAGE OF WINTER PARK, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

1201 Hays Street

# ARTICLES OF ORGANIZATION FOR SERENITY MASSAGE OF WINTER PARK, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

### **ARTICLE I - NAME**

The name of the company shall be: **Serenity Massage of Winter Park, LLC** (the "Company")

# **ARTICLE II - ADDRESS**

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

917 N Pennsylvania Avenue Winter Park, FL 32789

# ARTICLE III - CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited	liability company is: Serenit	y Massage of Winter Park, LLC
----	-------------------------	-------------------------------	-------------------------------

2.	The name and the Florida street address of the registered agent are:	7. or	19	
	Swann Hadley Stump Dietrich & Spears, P.A.  NAME		FEB	```
	200 East New England Avenue, Suite 300	•	73	* ******
	Florida street address (P.O. Box <b>NOT</b> Acceptable)		25% 1120	T
	Winter Park, FL 32789		<u> </u>	7.7
	City, State and Zip	Øp.	-~!	

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.

Ralph V. Hadley III

Signature

## **ARTICLE IV - DURATION**

The period of duration for the Company shall be **Perpetual** unless terminated as provided in the Operating Agreement.

# **ARTICLE V - MANAGEMENT**

The Company is to be manager managed and the name and address of the Manager is:

Kristine Booth 917 N Pennsylvania Avenue Winter Park, FL 32789

# **ARTICLE VI - STATEMENT OF AUTHORITY**

All Company decisions and actions shall be decided by the members.

# **ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Operating Agreement.

(In accordance with Section 605.0201(4), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Signature of a member or authorized

Representative of a member

RALPH\_V. HADLEY III

Typed or Printed Name of Signee

G:\CORPORATE\SERENITY MASSAGE OF WINTER PARK, LLC\ARTICLES OF ORGANIZATION.DOC