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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

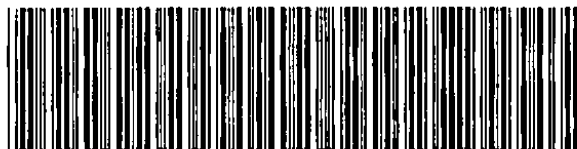
Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only

JAN 22 2020

T. SCOTT



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2019 DEC 26 PM 4:51

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Serenity Source 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:

Chanell Barnard

Name of Person

Firm/Company

15642 SW 19th Terrace

Address

Ocala, Florida 34473

City/State and Zip Code

theserenitysource@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chanell Barnard

352

888-0139

at ()

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

CLE I - Name:

Name of the Limited Liability Company is:

The Serenity Source LLC.

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

CLE II - Address:

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

Principal Office Address:

Mailing Address:

15642 SW 19th Terrace

Ocala, Florida 34473

15642 SW 19th Terrace

Ocala, Florida 34473

CLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

Chanell Barnard

Name

15642 SW 19th Terrace

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

Ocala

Florida

34473

City

State

Zip

*been named as registered agent and to accept service of process for the above stated limited liability company at the
signated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I
agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I
liar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Chanell Barnard

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

AMBR

Name and Address:

Chanell Barnard

15642 SW 19th Terrace

Ocala, Florida 34473

AMBR

Joseph Barnard

15642 SW 19th Terrace

Ocala, Florida 34473

MGR

Chanell Barnard

15642 SW 19th Terrace

Ocala, Florida 34473

MGR

Joseph Barnard

15642 SW 19th Terrace

Ocala, Florida 34473

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

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

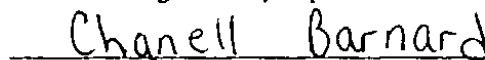
ARTICLE VI: Other provisions, if any.

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.



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)