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(Requestor's Name)	
(Address)	
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	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
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SECRETAL SECRETARY

T.J.H 2128/24

COVER LETTER

TO: New Filing Se Division of Co		•*	
SUBJECT: A	Serene Mind L Name of Limited Liability	Company	
The enclosed Articles o	of Organization and fee(s) are submitted fo	r filing.	
Please return all corresp	pondence concerning this matter to the following	owing:	
	Sharon Herrando Name of Pe	e2	
	Name of Pe	erson	
	A Serene Mir	ad LLC	
12	157 SW Martin H		
_Pa	In Gry, Florida ende avuracted	34990 Zip Code 10000	
	E-mail address: (to be used for future ann	mal report notification)	
For further information c	concerning this matter, please call:		
<u>Shar</u> Na	me of Person Area Code	Daytime Telephone Number	
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & ☐\$155.0 Certificate of Status Certified	OO Filing Fee & X\$160.00 F Copy Certificate o Copy is enclosed) Certified Cop (additional cop	f Status & Chook Hand 3
	··· -	reet Address	ω F
		ew Filing Section Division the Centre of Tallahassee	
	Box 6327 24	15 N. Monroe Street, Suite 810	Fig.
Talla	thassee, FL 32314 Ta	allahassee, FL 32303	· 郑宪 " "

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Serene Mind LCC

Principal Office Address:

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:

The name and the Florida street	active Florida registration.) address of the registered agent are:
	Sharon Hernander
	Name
	Sharon Hernandez Name 1257 Sw Marson Hwy 1031
	Florida street address (P.O. Box NOT acceptable)
	Palmah A 34990 City State Zip
	City State Zip
A .4	
further agree to comply with the pi am familiar with and accept the ob	rovisions of all statutes relating to the proper and complete performance of my duties, and I oligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED)
further agree to comply with the pi am familiar with and accept the ob	oligations of my position as registered agent as provided for in Chapter 605, F.S
further agree to comply with the pi am familiar with and accept the ob	Registered Agent's Signature (RE)UIRED)

Mailing Address:

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Bhurn Hennunde	1257 SW Marson Hwy 103) Palm City, FT 34990
If an effective date is listed, the date must be speci he date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	mitand
This document is execute I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Sharm	E" Hernandez 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mailing Address:

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

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Palm Chy Plonde 34990 Palm Chy Ft 34990
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:
Sharn Hernander
Name
Sharn Hernandey Name 1257 Sw Martin Hwy 1031
Florida street address (P.O. Box NOT acceptable)
Palm am 9 34990 City State Zip
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 Agont's Signature (REQUIRED)
(CONTINUED)