# H01000004715

(Re	questor's Name)	<u> </u>	
(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to I	Filing Officer:		
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Serendipity Investments,	
(Name of L	imited Liability Company)
Florida," Certificate of Existence, and check are liability company to transact business in Florida	
Please return all correspondence concerning thi	s matter to the following:
Julie Whitacre	· · · · · · · · · · · · · · · · · · ·
	Name of Person)
Jules Accounting Service	
•	(Firm/Company)
527 NE Bellevue Dr. Sui	4a 200
527 NE Bellevue Dr. Sul	
	(Address)
Bend, Or 97701	,
	/State and Zip Code)
For further information concerning this matter,	please call:
Julie Whitacre	at (541 ) 317-0794
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee	e & \$\int_\$155.00 Filing Fee & \$\int_\$160.00 Filing Fee, Certificate e of Status & Certified Conv



July 24, 2007

JULIE WHITACRE JULES ACCOUNTING SERVICES INC. 527 NE BELLEVUE DRIVE, STE. 200 BEND, OR 97701

SUBJECT: SERENDIPITY INVESTMENTS LLC

Ref. Number: W07000035529

We have received your document for SERENDIPITY INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 807A00046305

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	nvestments LLC	7.1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	n Limited Liability Company; must include	le "Limited Liability Company," "L.L.(	C.," or "LLC.")
(If name unavailable, er	Adipity hust ments LC nter alternate name adopted for the purpos s or managing members adopting the altern LLC.")		
<sub>2.</sub> Oregon, USA	<b>A</b> 3.	34-2016466	
	ne law of which foreign limited liability	( FEI number, if applic	able)
4. 9/21/2004 (Date	of Organization) 5.	Perpetual  (Duration: Year limited liability concexist or "perpetual")	npany will cease to
<sub>6.</sub> March, 2007	7	•	
	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	
7. 527 NE Bell	evue Dr. Suite 200		
Bend Or 97	701		
	(Street Address o	f Principal Office)	· · · · · · · · · · · · · · · · · · ·
8. If limited liabilit	y company is a manager-managed o	company, check here	•
9. The name and us	sual business addresses of the mana	ging members or managers are as	s follows:
Frank Cibell	li PO Box 6477 Bend OR	97708	
John Cibelli	PO Box 6477 Bend OR 9	7708	<u>·</u>
Leslie Heer	dt PO Box Bend OR 9770	8	
the jurisdiction under the translation of the certifica	nal certificate of existence, no more than 90 de law of which it is organized. (A photocopy ate under oath of the translator must be submitted tess or purposes to be conducted or	is not acceptable. If the certificate is in a itted.)	-
			)    200
	Signatura of a mambar ar ar and	harized representative of a mamb	T AUG
		horized representative of a member of this document constitute by that the facts stated herein are true.)	JG -8 P
	Typed or printed	name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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	of the Limited Liability Company is:	
Serendipity	y Investments LLC	,
If name unava	ilable, the alternate name to be used in the state of Florida is:	
Florida	Serendipity Investments UC	
	and the Florida street address of the registered agent and office are:	
	Frank Cibelli	
•	(Name)	
	1356 Hwy A1A	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Satellite Beach Fl 32937 FL	
	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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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#### **CERTIFICATE**

## State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### SERENDIPITY INVESTMENTS, LLC

was

organized

under the Oregon

Limited Liability Company Act

on

January 13, 2005

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

007 AUG -8 PH 2: SECRETARY OF STA ALLAHASSEE, FLOR

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Debra L. Virag July 6, 2007