Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000047342 3)))



H120000473423ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (8

: (850)617-6383

FEB 23 2012

L. SELLERS

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: brian@serenityaging.com\_\_\_\_\_

12 FEB 22 PH 3- 46 EURITANTUR STATE LLAHASSEE, FLORIDA.

#### Foreign Limited Liability Company Serenity Aging, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

12 FEB 22 PH 12: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

# Fax (ludet # H1200004715425

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Serenity Aging, LL		mpany; must include "Limited Liability C	Company P. W. C. W. o.		
(Name of roreign	Limited Liability Co	reparty; imisi tilcinde Limited Ciaotity (	Joinpany, E.E.C., of	LLC. )	
(If name unavailable, emconsent of the managers Company," "L.L.C.," "L	or managing member	pted for the purpose of transacting business adopting the alternate name. The alternate	ess in Florida and attach	a copy of the Limited Liabili	written ity
2. Delaware		3, 45-4493394			
2. Delaware (Jurisdiction under the company is organized	law of which foreign	limited liability (FEI	number, if applicable)		
4. 2/7/2012		5. Perpetual		111	
(Date o	of Organization)	(Duration: Year in exist or "perpetual	mited liability company ")	Will cease to	
6	(Date first transac (See sections 608.5	ted business in Florida, if prior to registre 01 & 608.502 F.S. to determine penalty I	ntion.) iability)		•
7. 241 Obrien Rd, Fer	n Park, Florida 327			<del></del>	
	!				
		(Street Address of Principal Office)			
8. If limited liability	company is a ma	nager-managed company, check he	еге 🔲		
9. The name and usu	ual business addre	sses of the managing members or r	nanagers are as foll	ows:	
Brian Carroll, 241	Obrien Rd, Fern Par	k, Florida 32730			
				·····	
	law of which it is organ	no more than 90 days old, duly authentica ized. (A photocopy is not acceptable. If the slator must be submitted.)			ords in
11. Nature of busine	ss or purposes to	pe conducted or promoted in Floric	ła:		
All lawful business		•			
	Les	alluole		<u>Σ</u> ω	
	(In accordance with a	ember or an authorized represental etion 608.408(3), F.S., the execution of this d the penalties of perjury that the facts stated he	locument constitutes	2 FEB 2	ranga P û
	Brian Carroll		Ş	% ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7
	II.	yped or printed name of signee	;  	PH I	m
	Fax aud	J#H120004734	<b>а</b> Э	PAJE	

# Fax Wedt #Hours.

## 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 the Limited Lial	sility Company is:
Serenity Aging, LLC	
If name unavailable, the alternat	e name to be used in the state of Florida is:
2. The name and the Florida str	eet address of the registered agent and office are:
Business Filings	incorporated
	(Name)
515 E, Park Aven	ae,
; Flori	da Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32301 City/State/Zip
liability company at the place des agent and agree to act in this cap relating to the proper and comple	agent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as registered acity. I further agree to comply with the provisions of all statutes te performance of my duties, and I am familiar with and accept the stered agent as provided for in Chapter 608, Florida Statutes.
Natel	
(Signature)	
Mark Williams, A.V.P., Business Fi	ings Incorporated
:	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional)
5.00 Certificate of Status (optional)

For Owalt # H120000473423

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SERENITY AGING, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5106171 8300

120160827

You may verify this certificate online at corp. delaware. gov/suthwer shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9361143

DATE: 02-13-12