m15000007825

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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RECEIVEL. 2015 SEP 30 PM 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 0 1 2015

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195

REFERENCE :

1944 - S.

AUTHORIZATION

811471 4307171 end : COST LIMIT : \$ 160.00

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- -----.
- ORDER DATE : September 30, 2015
- ORDER TIME : 12:07 PM
- ORDER NO. : 811471-010
- CUSTOMER NO: 4307171

FOREIGN FILINGS

NAME: SERENITY COLLECTION MANAGER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX ____ CERTIFIED COPY
- ___ PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SERENITY COLLECTION MANAGER LLC

DAVID BUCKLEY, ESQ.

Name of Person

ROGIN NASSAU LLC

Firm/Company

185 ASYLUM STREET, 22ND FLOOR

Address

HARTFORD, CT 06103

City/State and Zip Code

DBUCKLEY@ROGINLAW.COM

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

For further information concerning this matter, please call:

DAVID BUCKLEY	860 at (256-6300					
Name of Contact Person	Area Code	Daytime Telephone Number					
MAILING ADDRESS:		STREET ADDRESS:					
Division of Corporations	Division of Corporations						
Registration Section	Registration Section						
P.O. Box 6327	Clifton Building				Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle					
		Tallahassee, FL 32301					

Enclosed is a check for the following amount:

🗆 \$125.00 Filing Fee

Certificate of Status

\$155.00 Filing Fee &
Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREION LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: .

,

• •

SERENITY COLLECTION MANAGER LLC

.

(Name of For	reign Limited Liability Company; r	must include "Limited Lia	bility Company," "L.L.C	C'" or "LL(")	
(If name unavailable, enter a Liability Company." "L.L.C.	ilternate name adopted for the purp	ose of transacting busines	s in Florida. The alterne	ate name must inch	ide "Limited
DELAWARE		a h7_1	5185482	· .	
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	5185482 (FEI number, if appl	icnble)	
4. N/A					
··	(Date first transacted busi	iness in Florida, if prior to	registration.)	· · · · ·	
5CO HAGAN BROWN	(See sections 605.0904 & 60				·
20 AVON MEADOW	LANE, SUITE 120, AVON, C	ONNECTICUT 06001			
	· (Street Address o	of Principal Office)	······································	·	
20 AVON MEADOW	LANE, SUITE 120				
AVON, CONNECTIC	UT 06001		. '		, t
http:///	(Mailin	g Address)			
. Name and street addres	ss of Florida registered agent: (P.O. Box NOT accept	able)		11
Name:	CORPORATION SERVICE	COMPANY		TAR AS	sartiruma Antiruma
Office Address:	1201 HAYS STREET	· · · · · · · · · · · · · · · · · · ·	-	E O	m
	TALLAHASSEE		Florida 32301	P N Tr	C 3
	(City)	· · · ·	(Zip cod		
Registered agent's accep <i>Having been named as re</i>	nance: . gistered agent and to accept se	ervice of process for the	e above stated limited	Ling by compan	y at the place
	tion, I hereby accept the appoi ons of all statutes relative to th	v .	, .		
	my position as registered agent		perjurnance oj nij t	innes, innes inn _e	
, , ,		11-	1	Meliss	a Zendei
	(Regi	istered agent's signature)	<u> </u>		e Presiden
8. The name, title or capa HAGAN BROWN, MAN	ncity and address of the person(s	s) who bas/have authori	ity to manage is/are:		•
20 AVON MEADOW LA	INE, SUITE 120			· · · · · · · · · · · · · · · · · · ·	
AVON, CONNECTICUT	06001		<u></u>		
	of existence, no more than 90 c of which it is organized. (If the ibmitted)			• •	
	~ <				
		re of an authorized person		·····	
	in accordance with section 605 the Department of State constit				nation
	HAGAN BROWN, MANAGE	-			
	Typed or	minled name of signer	·		

Sped or printed name of Signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERENITY COLLECTION MANAGER 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERENITY COLLECTION MANAGER LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



of State

Authentication: 10156377 Date: 09-30-15

Page 1

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SR# 20150322143 You may verify this certificate online at corp.delaware.gov/authver.shtml