MISOUDONN

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Stat	us					
Special Instructions to Filing Officer:						





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2015 SEP 30 THE SECRETARY OF STATE

2015 SEP 30 A ID 41

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3 MASON

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

41 6

ACCOUNT NO. : I2000000195

REFERENCE: 811471 4307171

AUTHORIZATION :

COST LIMIT : \$ 100.00

ORDER DATE: September 30, 2015

ORDER TIME : 12:03 PM

ORDER NO. : 811471-005

CUSTOMER NO: 4307171

FOREIGN FILINGS

NAME: SERENITY COLLECTION 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:		istration Section sion of Corporati	ons			
SURIE	CT.	SERENITY COL				
SODS E	. .			Limited Liability	Company	
The encl Existence	losed cc, an	"Application by Following the submit	oreign Limited Liability Com ted to register the above refe	npany for Authoriz renced foreign lim	ation to Ti ited liabili	ransact Business in Florida," Certificate ty company to transact business in Flor
Please re	eturn	all correspondence	concerning this matter to the	e following:		
		DAVID BUC	KLEY, ESQ.			
			١	Name of Person	···········	
		ROGIN NAS	SAU LLC			
			F	Firm/Company		
		185 ASYLUN	1 STREET, 22ND FLOOR			
		la urr	, T-18 T-11.	Address		
		HARTFORD,	CT 06103			
			City/5	State and Zip Code	!	
		DBUCKLEY@	ROGINLAW.COM			
			E-mail address: (to be use	d for future annua	report no	tification)
For furth	er inf	ormation concerning	ng this matter, please call:			
	DAN	'ID BUCKLEY		860 at (256-63	300
		Name	of Contact Person	Area Code	Day	ytime Telephone Number
: 1	Divis Regis P.O.	LING ADDRESS ion of Corporation tration Section Box 6327 nassee, FL 32314			Division Registrat Clifton B 2661 Exc	Γ ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
		heck for the follow 25.00 Filing Fee	ving amount: \$\Bigsize \text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\}}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

			C) ID) (FFFCD MO 0.00)	men , concidi	
	THON 605.0902, FLORIDA STATUTE USINFSS INTHE STATE OF FLORIE		SUBMITTED TO REGIS	TER A POREIGN	LIMITED LIABILIT
SERENITY COLLEC	TION LLC				
(Name of For	eign Limited Liability Company; m	ust include "Limited Lin	bility Company." "L.L.0	C.," or "LL(")	· · · · · · · · · · · · · · · · · · ·
					•
Liability Company," "L.L.C,	hemate name adopted for the purpo " or "LLC.")	nse of transacting busines	ss in Florida. The alterna	ate name must inc	dude "Limited
2. DELAWARE		3 3/7_518	5340		•
	of which foreign limited liability	· · · · · · · · · · · · · · · · · · ·	: (FEI number, if appl	icable)	
N/A	. v				
7.	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to 5.0905, F.S. to determin	registration.) e penalty liability)	 -	
5. c/o HAGAN BROWN			· .		٠.
20 AVON MEADOW	LANE, SUITE 120, AVON, CO	ONNECTICUT 06001		ı	
, 20 AVON MEADOW	(Street Address of	Principal Office)			
6. ZO A VOIT MEADOW	EANE, BUILE 120			- 19 19 2	200
AVON, CONNECTIC	UT 06001			, m.c., €	-Ti
	(Mailing	(Address)			
7. Name and street addres	s of Florida registered agent; (F	P.O. Box NOT accept	able)	SSS	
Name:	CORPORATION SERVICE		· ·		
Office Address:	1201 HAYS STREET		- -		
•	TALLAHASSEE		, Florida 32301		
	(City)		(Zip cod	ie)	-
designated in this application complywith the provision	tance: gistered agent and to accept sei tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent,	itment as registered at proper and complete	gent and agree to act	in this capacity duties, and I an Melis	e, I further agree in familiar with an isa Zender
•	(Regis	stered agent's Signature)		Asst. Vi	ce President
	city and address of the person(s N MANAGER LLC, MANAG	• • •	ity to manage is/are:		
20 AVON MEADOW LA	NE, SUITE 120	` .a .		,	
AVON, CONNECTICUT	06001				
	of existence, no more than 90 do of which it is organized. (If the c bmitted)				

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.

Signature of an authorized person

HAGAN BROWN, MANAGER OF SERENITY COLLECTION MANAGER LLC

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SERENITY COLLECTION 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 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.

Authentication: 10156381

Date: 09-30-15

5835946 8300 SR# 20150322144