

## Florida Department of State

## Division of Corporations

2000. 12. 19. 23

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101

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC  
Account Number : I2022000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

**Foreign Limited Liability Company  
SERENITY STAYS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

RECEIVED

2024 SEP 30 MI 9:59  
DET. CORP. OF STATE  
DIVISION OF STATE POLICE  
TALLAHASSEE, FLORIDA

## Electronic Filing Menu

## Corporate Filing Menu

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## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: SERENITY STAYS LLC

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

LOVETTE DOBSON

Name of Person

-----  
Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at (

Area Code

888-462-3453

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee     \$130.00 Filing Fee &     \$155.00 Filing Fee &     \$160.00 Filing Fee, Certificate of Status     Certified Copy     of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 450.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

**1. SERENITY STAYS LLC**

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

**ECO Serenity Stays LLC**

(Name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

**2. New Mexico**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 99-4501785**

(FTT number, if applicable)

**4.**

(Date first transacted business in Florida, if prior to registration)  
(See sections 450.0904 & 605.0905, F.S. to determine penalty liability)

**5. 1150 Nw 72nd Ave Tower 1**

(Street Address of Principal Office)

**6. 1150 Nw 72nd Ave Tower 1**

(Mailing Address)

**Ste 455 #18126**

**Ste 455 #18126**

**Miami, FL 33126**

**Miami, FL 33126**

**7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name:

**REPUBLIC REGISTERED AGENT LLC**

Office Address:

**1150 Nw 72nd Ave Tower 1 Ste 455**

**Miami**

(City)

**Florida**

**33126**

(Zip code)

2024 SEP 30 PM 1:51:24

Registered agent's acceptance:

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**Lovette Dobson**

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Mayra Esparza</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>8206 Louisiana Blvd Ne</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ste A #4433</u>	<input type="checkbox"/> Authorized	.....
Person	<u>Albuquerque, NM 87113</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

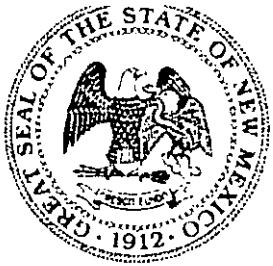
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Mayra Espaiza  
Signature of an authorized person

Mayra Esparza

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STATE OF NEW MEXICO ((H24000328325 3))  
**MAGGIE TOULOUSE OLIVER**  
 SECRETARY OF STATE

*Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**SERENITY STAYS LLC**  
 7811349

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

**Limited Liability Company Act**

**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on August 14, 2024, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **September 26, 2024**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

**Maggie Toulouse Oliver**  
 Secretary of State

**Certificate Validation #:** 0100402

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portals.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.

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