

FO5000005185

00855-00734-02963 \$1,600

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

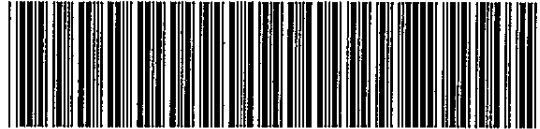
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08/22/05--01035--021 \*\*70.00

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09/01/05--01003--010 \*\*4600.00

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05 AUG 31 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W05-39813

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tranquility Solutions, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ronald D. Gifford

(Name of Person)

Kizer & Neu, LLP

(Firm/Company)

Post Office Box 158

(Address)

Plymouth, Indiana 46563

(City/State and Zip code)

For further information concerning this matter, please call:

Ronald D. Gifford

(Name of Person)

at ( 574 ) 936-2169

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 23, 2005

RONALD D. GIFFORD  
KIZER & NEU, LLP  
POST OFFICE BOX 158  
PLYMOUTH, IN 46563

SUBJECT: TRANQUILITY SOLUTIONS, INC.  
Ref. Number: W05000039813

We have received your document for TRANQUILITY SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4,600.00.

Please return 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.

Michelle Hodges  
Document Specialist

Letter Number: 805A00053435

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Tranquility Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 35-1960487  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/28/1995 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2001  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 128 E. Harrison Street, Plymouth, Indiana 46563  
(Principal office address)

Post Office Box 700, Plymouth, Indiana 46563  
(Current mailing address)

8. Sale of computer programs and training services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: James H. Stukenborg

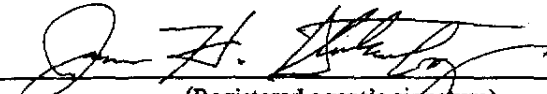
Office Address: 2617 Cove Cay Drive, Unit 403

Clearwater, Florida 33760  
(City) (Zip code)

FILED  
05 AUG 31 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: James H. Stukenborg

Address: 2617 Cove Cay Drive, Unit 403  
Clearwater, Florida 33760

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: James H. Stukenborg

Address: 2617 Cove Cay Drive, Unit 403  
Clearwater, Florida 33760

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

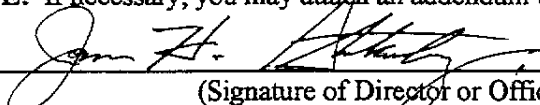
Secretary: James H. Stukenborg

Address: 2617 Cove Cay Drive, Unit 403, Clearwater, Florida 33760

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  PRESIDENT  
(Signature of Director or Officer listed in number 12 of the application)

14. James H. Stukenborg, President  
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

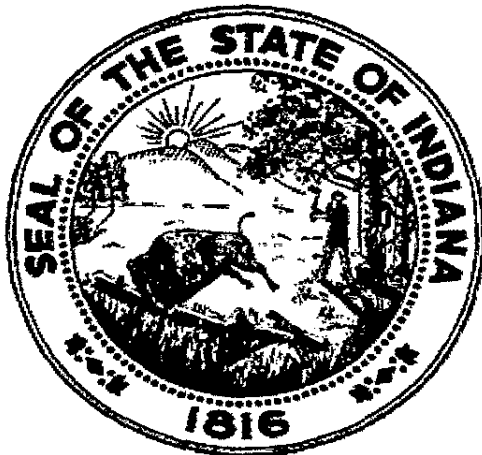
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**TRANQUILITY SOLUTIONS, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 28, 1995, and was in existence or authorized to transact business in the State of Indiana on August 07, 2005.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand  
and affixed the seal of the State of Indiana, at the  
city of Indianapolis, this Seventh Day of August, 2005 .

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA, Secretary of State

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