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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRANQUILITY SALON & SPA SUITES, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following.

MARTHA QUINTONES  
Name of Person

TRANQUILITY SALON & SPA SUITES, LLC  
Firm/Company

3044 So. Military Trail, Suite P  
Address

Lake Worth, FL 33463  
City/State and Zip Code

inthesun2@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA QUINTONES at ( 561 ) 570-8407  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Martha I. Quiñones  
TRANQUILITY SALON & SPA SUITES, LLC  
3044 So. Military Trail, Suite p  
Lake Worth, FL 33463  
Tel: 561-470-8407

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July 24, 2015

New Filing Section  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
Tallahassee, FL 32314

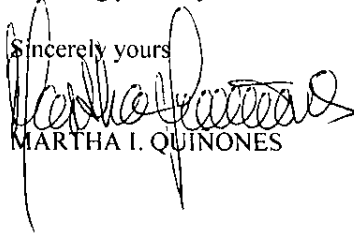
Gentlemen:

Enclosed please find Articles of Organization for TRANQUILITY SALON & SPA SUITES, LLC along with check covering Filing Fee and Certificate of Status.

Please do not hesitate to contact me should there be any question regarding this filing.

Thanking you for your attention to the above I remain,

Sincerely yours

  
MARTHA I. QUINONES

Enc. 1. Articles of Organization  
2. Check #173 for \$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRANQUILITY SALON & SPA SUITES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3044 So. Military Trail, Suite P  
LAKE WORTH, FL 33463

same as  
principal office.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARTHA I. QUINONES

Name

9731-A Boca Gardens Pkwy

Florida street address (P.O. Box **NOT** acceptable)

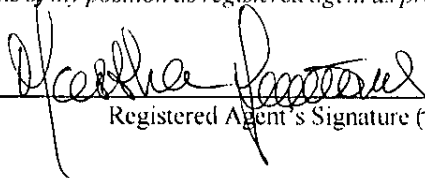
Boca Raton, FL 33496

City

State

Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

VICE - PRESIDENT

VICE - PRESIDENT

**Name and Address:**

Kathleen Collier-Youngman  
3044 So Military Trail, Suite G  
LAKE WORTH, FL 33463

MARTHA I. QUINONES  
9731-A BOCA GARDENS Pkwy  
Boca Raton, FL 33496

BEJAMIN GONZALEZ  
12066 N. Basin St.  
Wellington, FL 33414

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 24, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

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.

MARTHA QUINONES

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)