

L18000079476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

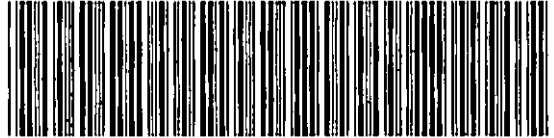
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 MAR 30 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 30 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Tranquility Senior Services, 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:

Shannon Procacci

Name of Person

Tranquility Senior Services, LLC

Firm/Company

10625 Cedar Forest Circle → 10628 CEDAR FOREST CIRCLE  
Address

Clermont, Florida 34711

City/State and Zip Code

sprocacci24@yahoo.com

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

For further information concerning this matter, please call:

Shannon Procacci 321 795-9485  
at ( )  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2018

SHANNON PROCACCI  
10628 CEDAR FOREST CIRCLE  
CLERMONT, FL 34711

SUBJECT: TRANQUILITY SENIOR SERVICES, LLC  
Ref. Number: W18000030440

We have received your document for TRANQUILITY SENIOR SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the Articles. This is a required page. I am enclosing that page only.

Please return your document, along with 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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 818A00006352

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tranquility Senior Services, LLC.

(Must contain 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:

10628 Cedar Forest Circle  
Clermont, Florida 34711

10628 Cedar Forest Circle  
Clermont, Florida 34711

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:

Shannon Procacci

Name

10628 Cedar Forest Circle

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

Clermont

Florida

34711

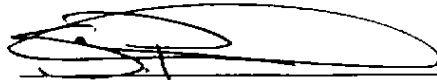
City

State

Zip

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TALLAHASSEE, FLORIDA

*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

MGR

**Name and Address:**

Shannon Procacci

10628 Cedar Forest Circle

Clermont, Florida 34711

AMBR

Marcie Rausch

10628 Cedar Forest Circle

Clermont, Florida 34711

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/16/2018 (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.

No other provisions

**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.



Typed or printed name of signee

**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)

**FILED**  
**18 MAR 30 PM 2:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**