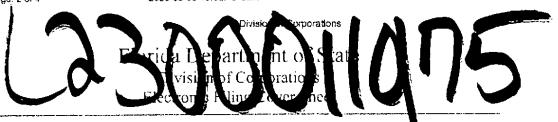
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone : (305)328-4774 Fax Number

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

_ 17	Address:			
⊢m	NAME OF STREET			

FLORIDA LIMITED LIABILITY CO. TRANQUILITY HILL ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

	Tranquility	Hill Enterprises, LLC
	(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address	ress: and street address of the principal office of	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
3044 Ta	all Pine Drive	3044 Tall Pine Drive
Safety	Harbor, FL 34695	Safety Harbor, FL 34695
	gistered Agent, Registered Office, & Re	gistered Agent's Signature: stered Agent. You must designate an individual or
(The Limited Liabili another business ent	ity with an active Florida registration.) orida street address of the registered agen	t are:

\$200 113th Street, Suite103 Florida street address (P.O. Box NOT acceptable) Seminole City State

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 constitute, 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.

Gessica Martin
Roystered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

From: Yanet Avila

Title:		Name and Address:
	horized Member	
"MGR" = Mana AMBR	ger	Laurie Hill
AWILK	 	3044 Tall Pine Drive
		Safety Harbor, FL 34695
		
F.V: Effective o	iate, if other than the date of filing	:
F. V: Effective of certive date is list of filling.)	iate, if other than the date of filing ted, the date must be specific an	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not
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F.V: Effective of certive date is list of filling.) the date insertement's effective E.VI: Other pro	iate, if other than the date of filing ted, the date must be specific and in this block does not meet the date on the Department of State visions, if any, lose. IGNATURE: Signature of a member of This document is executed in act I am aware that any false informationstitutes a third degree felony:	applicable statutory filing requirements, this date will not is records. Laurie Hill r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.