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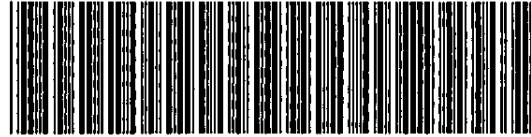
(Business Entity Name)

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DIVISION OF CORPORATIONS
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **Amazing Tranquility, Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Mary M. Kiewel**

Name (Printed or typed)

83B Ponte Vedra Colony Circle

Address

Ponte Vedra Beach, FL 32082

City, State & Zip

(352) 317-8575

Daytime Telephone number

marykiewel@gmail.com

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

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **Amazing Tranquility, Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Mary M. Kiewel

83B Ponte Vedra Colony Circle

Ponte Vedra Beach, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To transact any and all lawful business for which corporations may be incorporated in this state.**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Mary M. Kiewel, President and Treasurer**

Name and Title: _____

Address **83B Ponte Vedra Colony Circle**
Ponte Vedra Beach, FL 32082

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: **Mary M. Kiewel**
Address: **83B Ponte Vedra Colony Circle**
Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Mary M. Kiewel**
Address: **83B Ponte Vedra Colony Circle**
Ponte Vedra Beach, FL 32082

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Mary M Kiewel
Required Signature/Registered Agent

Mar 4/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Mary M Kiewel
Required Signature/Incorporator

3-4-13
Date

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