From:

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000090343)))



H150000090343ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Phone

Fax Number : (888)692-9256

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Tranquility House Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE II PRINCIPAL OFFICE Principal street address 358 Euclid Ave Apt 12A Miami Beach, FL 33139		Mailing address, if different is: 358 Euclid Ave Apt 12A Miami Beach, FL 33139						
					ARTICLE III PI The purpose for which	h the corporation is organized is: 10 51194	ge in any lawful ac	t or activity for
					which corpo	rations may be organized.		
ARTICLE IV S	HARES 1,000		15 TAL					
ARTICLE V D	NITIAL OFFICERS AND/OR DIRECTOR	<u> </u>	15 JA) SEGRI					
ARTICLE V D	NITIAL OFFICERS AND/OR DIRECTOR	S Name and Title:	15 JAN 1					
ARTICLE V D	NTTAL OFFICERS AND/OR DIRECTOR		- 3 7					
ARTICLE V D	NTTAL OFFICERS AND/OR DIRECTOR	Name and Title:	ASE PI					
ARTICLE V D	ATTAL OFFICERS AND/OR BRECTOR Ide: Leo Ostreicher/Director 358 Euclid Ave	Name and Title:	TARY OF STA					
Name and T	ATTAL OFFICERS AND/OR DIRECTOR 358 Euclid Ave Apt 12A Miami Beach, FL 33139	Name and Title: Address:	ASE PI					
Name and T	ATTAL OFFICERS AND/OR DIRECTOR 358 Euclid Ave Apt 12A Miami Beach, FL 33139	Name and Title: Address:	TARY OF STA					
Name and T	ATTAL OFFICERS AND/OR DIRECTOR 358 Euclid Ave Apt 12A Miami Beach, FL 33139	Name and Title: Address: Name and Title:	TARY OF STA					
Name and T	ATTAL OFFICERS AND/OR DIRECTOR 358 Euclid Ave Apt 12A Miami Beach, FL 33139	Name and Title: Address: Name and Title:	TARY OF STA					
Name and T Address Name and Ti Address	ATTAL OFFICERS AND/OR DIRECTOR 358 Euclid Ave Apt 12A Miami Beach, FL 33139	Name and Title: Address: Name and Title: Address:	ASSEE PLORIDA					

			(conti.)		
Name su Addres	nd Title:	Name and Title:			
. 144.					
		· · · · · · · · · · · · · · · · · · ·	***************************************		
* ** *** *** ** · · · ·					
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	The registered agent is:			
Name:	Leo Ostreicher				
Address:	358 Euclid Ave Apt 12A	•			
	Miami Beach, FL 33139	_			
ARTICLE VII	INCORPORATOR				
The name and a	diffress of the Incorporator is:				
Name:	Leo Ostreicher	•			
Address:	358 Euclid Ave Apt 12A	_	· -		
	Miami Beach, FL 33139	-	ALL SEC		
Having been named as confidered agent to accept service of process for the above stated corporation at the place designified in this certificate, I put sufficiently with and accept the appointment as registered agent and agree to act in this capacity. [X] January 12, 2015					
<u> </u>	Required Signature/Registered Agent		Due =		
	current one affirm that the facts stated herein are Department of State constitutes a third degree felor	ry as provided for in s.817.155, F			
\mathcal{D}	Required Signature/Incorporator		Dese		