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Effective Date 4/15/12

JUN = 6 2012 T. HAMPTON

COVER LETTER

10.	Division of Corporations	
SUBJE	TROPISCAPES LLC	
	Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	ROBERT L. STURGES IX	
	Name of Person	
TROPISCAPES LLC		
Firm/Company		
	1412 DE OAK LANE DRIVE	
	JENSEN BEACH, FL 34957	
	City/State and Zip Code	
	RSTURGES (B) HOT MAIL, COM E-mail address: (to be used for future annual report notification)	
- 4	·	
For fur	ther information concerning this matter, please call:	
Ro	BERT STURGES at 772, 408.3976	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$125.00	Spiling Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$\$ Certificate of Status \$\int_{\$155.00 Filing Fee & Certificate of Status	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	



RECEIVED

11 JUN -5 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 23, 2012

ROBERT L STURGES IV 1412 NE OAK LANE DR JENSEN BEACH, FL 34957

SUBJECT: TROPISSCAPES LLC Ref. Number: W12000022342

We have received your document for TROPISSCAPES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00012428

Effective Bate 4/15/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED L			
ARTICLE I - Name: The name of the Limited Liability Company is:			
TROPISCAPES ENTERPRISES 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:			
1412 NE OAK LANE NO. JAME JENSEN BEACH, FL 34957			
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:			
ROBERT L. STURGES IX			
Name			
1412 NE OAK LANE DR.			
Florida street address (P.O. Box NOT acceptable)			
JENSEN BEACH FL 34957			
City, State, and 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 608, F.S			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ROBERT L. STURGES IV 1412 NE OAK LANE OR. JENSEN BEACH, FL 34957
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 4-15-12. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Thomas	
Signature of a membe	r or absauthorized representative of a member.
constitutes an affirmation under I am aware that any false inforr	3.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
ROBE TO	2T L. STURGES IX ped or printed name of signee
Filing Foos	7 DIV.

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)