

Florida Department of State  
Division of Corporations  
Technomic, LLC, Secretary

**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.**

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**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)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.  
Account Number : I20110000091  
Phone : (305)858-9900  
Fax Number : (305)285-0015

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

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
TROPICAL RESOURCES LP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

## Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. TROPICAL RESOURCES LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact  
business in Florida; must contain acceptable suffix.

2. NEVADA

State or Country of Formation

3. 10/12/2015

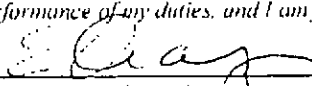
Date of Formation

4. Federal Employer Identification Number 81-2864907

5. Name of Registered Agent for Service of Process and Florida Street Address:

WORLD CORPORATE SERVICES INC2665 S BAYSAHORE DRIVE STE 703MIAMI FL 33133

6. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of  
my position as registered agent.

  
Signature of Registered Agent

7. Principal Office:

2665 S Bayshore Drive Ste 703Miami, FL 33133

8. Mailing Address:

2665 S Bayshore Drive Ste 703Miami, FL 331339. If limited partnership is a limited liability limited partnership, check box: ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: AQUARIAN VENTURES INC

Name of General Partner: \_\_\_\_\_

Street Address: 21650 SW 137 AVE

Street Address: \_\_\_\_\_

GOULDS FL 33170Mailing Address: PO Box 700204

Mailing Address: \_\_\_\_\_

GOULDS FL 33170

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Page 1 of 2

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

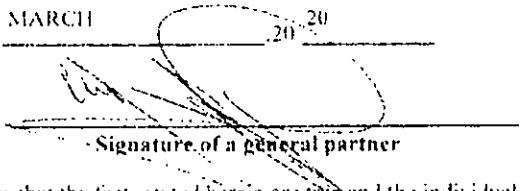
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

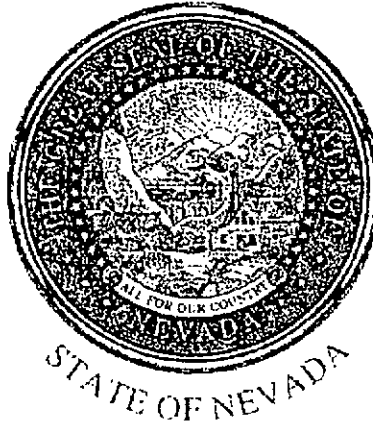
Signed this 23 day of MARCH, 2020

  
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

## SECRETARY OF STATE

CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TROPICAL RESOURCES LP**, as a DOMESTIC LIMITED PARTNERSHIP (87A) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/12/2015, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED PARTNERSHIP (87A) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/20/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20200320676106

You may verify this certificate  
online at <http://www.nvsos.gov>

FILED  
2020 MAR 30 11:15  
TALLAHASSEE FLORIDA