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## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number

: (850)922-4003

Account Name : FILINGS, INC. Account Number: 072720000101 Phone ; (850)385-6735

Fax Number

: (954)791-3109

## LIMITED LIABILITY COMPANY

TROPIC TITLE & ESCROW, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME

The name of the Limited Liability Company is:

TROPIC TITLE & ESCROW, L.L.C.

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

6070 North Federal Highway Boca Reton, FL 33487

#### **ARTICLE III - DURATION**

The pariod of duration for the Limited Liability Company shall be: Perpetual

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name(s) and address (es) of the managing member(s) is/are:

Steven Serie c/o Remax Services 6070 N. Federal Highway Boca Raton, FL 33487

#### ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Members may admit additional members upon majority agreement of current members.

#### ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Steven Ser e, P.A., 6070 N. Federal Highway, Boca Raton, FL 33487 Telephone: 561-912-3500, Florida Bar No. 0046736

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### ARTICLE VII -

The undersigned member or authorized representative of a member of TROPIC TITLE & ESCROW, L.L.C. certifies:

the above named limited liability company has at least one member; 1)

Signature of a member or an authorized representative of a member.

Steven Serie
Print name of member of authorized representative of a member.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is TROPIC TITLE & ESCROW,

The name and address of the registered agent and office is:

STEVEN SERLE, P.A. 6070 North Federal Highway Boca Raton, FL 33487

#### ACKNOWLEDGMENT;

Having been named 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 statues 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.

Dated: March 15 2001

STEVEN SERLE Registered Agent

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