

CT CORPORATION SYSTEM

L010000011022

CORPORATION(S) NAME

Key West Tropical Rentals, LLC

100004464271--7
-07/09/01--01040--005
****125.00 ****125.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

7/9/01

Order#: 4643118

Ref#: _____

Amount: \$ _____

RECEIVED
 DEPARTMENT OF STATE
 VISITORS SERVICES
 11 AM 11/09/01
 6:00 PM 11/09/01
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING

01 JUL -9 PM 12:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

UB
7-9-01

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Key West Tropical Rentals, LLC

ARTICLE II - Address:

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

1227 Third Street, Key West, Florida 33040 Attn: Ronald K. Heck

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

	CT Corporation System

	Name

	c/o CT Corporation System, 1200 South Pine Island Road

	Florida street address (P.O. Box NOT acceptable)
	Plantation FL 33324

	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..

CT Corporation System
Jay Colvin Jennifer L Gollbach, Asst. Secy.
 Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Article V - No member has the authority to bind the company solely by virtue of such individual(s) status as a member; all actions are taken by the managers.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jay Colvin, authorized representative of a member

Typed or printed name of signee

01 JUL -9 PM 12: 28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPROVED AND FILED

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)