

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L0100000/1022**

Key West Tropical Rentals, LLC

100004464271--7

-07/09/01--01040--005

\*\*\*\*125.00 \*\*\*\*125.00

☐ Profit  
☐ Nonprofit  
☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☐ Annual Report

☐ Other

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

7/9/01

Order#: 4643118

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

Ref#:

Amount: \$

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

RECEIVED  
DEPARTMENT OF STATE  
VISITING OFFICE  
2001 JUL -9 PM 11:58  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

01 JUL -9 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

JB  
7-9-01

# 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:

C T Corporation System	
Name	
c/o CT Corporation System, 1200 South Pine Island Road	
Florida street address (P.O. Box <b>NOT</b> 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..*

C T Corporation System  
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)

Jay Colvin  
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

## 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)

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