

Seabreeze Bookkeeping & Tax Service

441 S. Ridgewood Avenue

Mytona Beach, FL 32114

L02000015070

Date: June 6, 2002

To: David A. Sipes

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-06/17/02--01054--003

***125.00 ***125.00

Please sign and date the attached documents, including the copy and mail as follows:

Form: Articles of Organization

TROPICAL FLAIR, LLC

Make check payable to Florida Secretary of State in the amount of: \$ 125.00

IF SENDING BY MAIL:

Mail to: Division of Corporations, Dept. of State

P.O. Box 6327

Tallahassee, FL 32314

IF SENDING BY COURIER OR FEDERAL EXPRESS:

Send to: Division of Corporations, Dept. of State

409 E. Gaines Street

Tallahassee, FL 32399

FILED
02 JUN 17 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

Special instructions: Mail Transmittal Letter, Original Articles of Organization
and copy to be stamped and returned. The copy will be returned by the
Secretary of State with the filing date stamped on it.

**TRANSMITTAL LETTER
ARTICLES OF ORGANIZATION**

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 6, 2002

FILED
JUN 17 AM 10:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SUBJECT: TROPICAL FLAIR, LLC

Enclosed is an original and one (1) copy of the Articles of Organization and a check for \$125.00.

Filing fee for Articles of Organization of Florida Limited Liability Company:

\$ 100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

Please return photocopy enclosed "stamped with the filing date."

FROM: Susan L. Kidd/Seabreeze Bookkeeping & Tax Service, LLC

Name (Printed or Typed)

P.O. Box 229

Address

Daytona Beach, FL 32115-0229

City, State & Zip

(386)258-5880

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

02 JUN 17 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

TROPICAL FLAIR, LLC

ARTICLE II – Address:

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

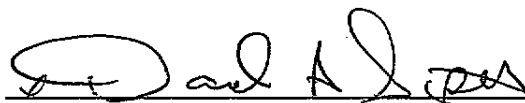
4723 Hidden Lake Drive
Port Orange, Florida 32129-7477

ARTICLE III – Registered Agent:

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

David A. Sipes
4723 Hidden Lake Drive
Port Orange, Florida 32129-7477

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 for in Chapter 608, F.S.




Registered Agent's Signature

ARTICLE IV - Management:

The Limited Liability company is to be managed by the members. The name and street address of the managing member are:

David A. Sipes
4723 Hidden Lake Drive
Port Orange, FL 32129-7477



Signature of managing member

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

David A. Sipes

FILED
JUN 17 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA