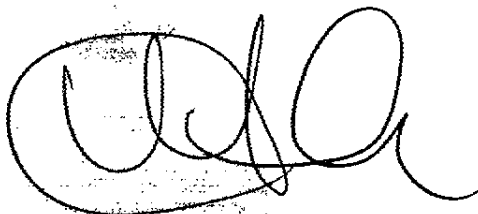


LD2000D28883

September 24, 2002

To whom it may concern:

Enclosed please find a completed articles of organization form for the Limited Liability Company Tropakids LLC. Also included is a check in the amount of \$160.00. Also my name is Monette Johnson, 18119 Birdwater Drive, Tampa FL 33647, and my daytime number is 813-973-2725. Thanking you in advance.



Monette Johnson

700008443437--
-10/18/02-01034-005
*****160.00 *****160.00

02 OCT 29 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

W02-30209

W02-30202



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 21, 2002

MONETTE JOHNSON
18119 BIRDWATER DR
TAMPA, FL 33647

SUBJECT: TROPAKIDS LLC
Ref. Number: W02000030209

We have received your document for TROPAKIDS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 902A00058149

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT 29 AM 10:59

AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Tropakids LLC

ARTICLE II - Address:

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

18119 Birdwater Drive, Tampa FL 33647

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

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

Monette Johnson

Name

18119 Birdwater Drive

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33647

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.

[Signature]
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.

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

[Signature]
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.)

Monette Johnson

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)

02/07/29 AM 10:59
FILED
AND
APPROVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA