

L03000009072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

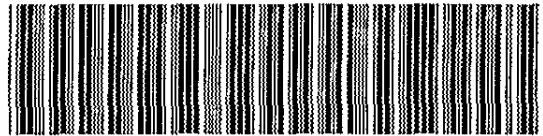
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 MAR 12 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ELISABETH STANLEY-JONES

480 Concha Dr
Sebastian, FL 32958
(772) 581-9252

March 10, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
03 MAR 12 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern,
I request the State of Florida to issue a Certificate of Organization and register
my retail business which shall operate under the name:

"TROPICAL IMPRESSION, LLC"

The profile of the business will be: silk flowers and trees, custom made
arrangements, decorative home accessories and oil paintings.

Enclosed please find the check for the required filing fee.

Sincerely,


Elisabeth Stanley Jones

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

"TROPICAL IMPRESSION, LLC"

ARTICLE II - Address:

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

480 CONCHA DRIVE, SEBASTIAN, FL. 32958

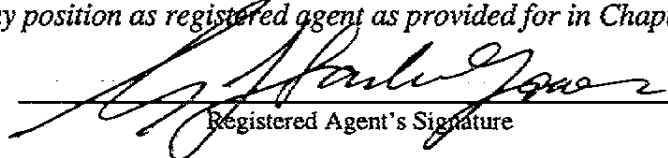
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ELISABETH STANLEY-JONES
Name
480 CONCHA DRIVE
Florida street address (P.O. Box **NOT** acceptable)
SEBASTIAN, FL 32958
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..


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 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.)

ELISABETH STANLEY-JONES

Typed or printed name of signee

Filing Fees:

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