

L03000029928

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000252774 2))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

A Tropical Breeze Enterprise, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

DIVISION OF CORPORATIONS

03 AUG 13 AM 10:57

RECEIVED

SECRETARY OF STATE
CALLAHAN ASSOCIATES, P.A.

03 AUG 13 AM 11:11

JB
8-13-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **A Tropical Breeze Enterprise, LLC**

ARTICLE II - Address

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

**207 Harrisburg Street
Port Charlotte, FL 33954**

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature

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

Kathleen Faria

Name

207 Harrisburg Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Port Charlotte, FL 33954

(City / State / 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.

Kathleen Faria

Registered Agent's Signature - Kathleen Faria

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

Kathleen Faria - 207 Harrisburg Street, Port Charlotte, FL 33954 - Member

Paul Faria - 207 Harrisburg Street, Port Charlotte, FL 33954 - Member

Kathleen Faria

Signature of a member or 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.)

Kathleen Faria

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG 13 AM 11:11