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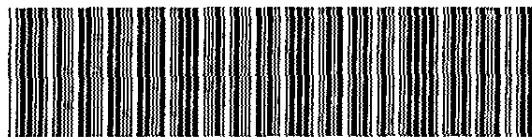
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TALLAHASSEE, FLORIDA

Law Offices of  
**DAVID S. NUNES & ASSOCIATES, P.A.**

3917 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309

DAVID S. NUNES, ESQ.  
JOY E. ROTHENBERGER, ESQ.  
JAMES D'ANGELO, ESQ.

TEL: (954) 561-2023  
FAX: (954) 568-1425

October 10, 2003

Registration Section  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32301

RE: Limited Liability Company  
TROPICAL ENTERPRISES, LLC.

Dear Sir/Madam:

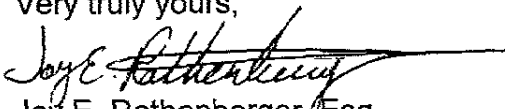
Enclosed please find the following:

- Original Articles of Organization for TROPICAL ENTERPRISES, LLC.
- Two (2) copies of the Articles of Organization for TROPICAL ENTERPRISES, LLC.
- A check in the amount of One Hundred Sixty Dollars (\$160.00), for filing fee for Articles of Organization (\$100.00), Designation of Registered Agent (\$25.00), Certified Copy (\$30.00), Certificate of Status (\$5.00), and
- A self-addressed stamped envelope.

Upon completion of filing the above kindly return the Certificate and copies in the envelope provided.

Thank you for your cooperation in this matter.

Very truly yours,

  
Joy E. Rothenberger, Esq.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is TROPICAL ENTERPRISES, LLC.

**ARTICLE II ADDRESS**

The mailing address and street address of the principal offices of the Limited Liability Company is, 10220 SW 20<sup>th</sup> Street, Davie, Florida 33324.

**ARTICLE IV MANAGER AND MANAGING MEMBERS**

Manager Sajan Steward Samuel  
10220 SW 20<sup>th</sup> Street  
Davie, Florida 33324


Managing Member Sheeba Samuel  
10220 SW 20<sup>th</sup> Street  
Davie, Florida 33324

**ARTICLE V**

These Articles of Organization for Florida Limited Liability Company shall be effective immediately upon the receipt and approval of the Secretary of State of Florida

**ARTICLE VI**

These Articles of Organization for Florida Limited Liability Company may be amended in the manner provided by law .

  
\_\_\_\_\_  
Signature of member or an authorized representative of a member

(In accordance with section 608.4008(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SAJAN STEWARD SAMUEL  
\_\_\_\_\_  
Typed or printed name

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03 OCT 22 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF FLORIDA       )  
  )ss  
COUNTY OF BROWARD )

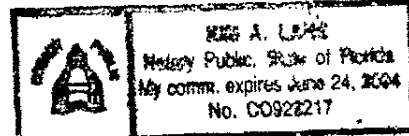
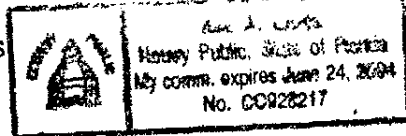
Before me personally appeared SAJAN STEWARD SAMUEL to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledge to and before me that he executed said instrument for the purpose therein expressed

WITNESS my hand and official seal this 15 day of October, 2003..

*Presented as identification  
a FDL.*

*Kim A. Lane*  
Notary Public, State of Florida at Large

Commission expires



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is TROPICAL ENTERPRISES, LLC.
2. The name and address of the registered agent and office is:

DAVID S. NUNES  
3917 North Andrews Avenue  
Fort Lauderdale, Florida 33309

Having Been Named as Registered Agent and to Accept Service of Process for the Above-styled Corporation 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.

*David S. Nunes*  
DAVID S. NUNES, ESQ.