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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations   |                   |
|---|-------------------|
| SUBJECT: CIRRUS, L. L. C.  (Name of Limited Liability Company)  | <b>=</b> ∴ a      |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following: | Man KIL           |
| CHRIS PHILCOX (Name of Person)  | Mark J. A. W. S.  |
| (Firm/Company)  | - 1000            |
| 317 ST. GEORGE STREET (Address)   | ± . ,_            |
| 55. Ar Custile (City/State and Zip Code)  |                   |
| For further information concerning this matter, please call:  |                   |
| CHris Phricox at (904) 823-976/ (Name of Person) (Area Code & Daytime Telephone Number)   | <b>-</b> 2 (22.2) |

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| FLORIDA LIMITED LIABIL  | ITY COMPANY       |
|---|-------------------|
| ARTICLE I - Name: The name of the Limited Liability Company is:   | Tropic (          |
| CIRRUS, L   | L.C.              |
| ARTICLE II - Address: The mailing address and street address of the principal                               | 10 m              |
| Principal Office Address:   | Mailing Address:  |
| 196 INVER ORIVE   | 317 ST. CEDRCE ST |
| SANT AVOUSTINE FC   | ST. AVGUSTINE FL  |
| 32084   | 32084             |
| ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered | ed agent are:     |
| CHRIS PHILCON<br>Name   | <                 |
| Florida street address (P.O. Box No.  | OT acceptable)    |
| 57. Avanson E FI<br>City, State, and Zip  | ORIDA 32084       |

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| The name and address of each Manag              | er or Managing Member is as follows:                              |
|---|---|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address:   |
| MGRM  | OR. Jim COLEMAN BOX.  146 INCET DRIVE.  55. AUGUSTINE, FL 32080   |
| MERM  | ATLANTIC BEACH, 32233   |
| mann  | STEVE BOWERSOX  3447 HERON DRIVE N.  TACKSONVILLE BEACH, FL 32250 |
| MGRM  | CHRIS PHILLOX  317 ST. CERCE ST.  ST. AVENSTINE FL 32084          |
| (Use attachment if necessary)                   |   |

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED 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.)

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)