Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A I A CORPORATE SERVICES, INC.

Account Number: I20010000247 Phone : (305) 674-3313

Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

Tropical Dream, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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JIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

Tropical Dream, LLC

ARTICLE II: Address

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

9215 East Roan Lane

Inverness, Florida 34450

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC

92 SADBERRY ROAD

QUINCY, FLORIDA 32351

Having been named as registered agent 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.

A1A REGISTERED AGENT INC / Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V: MANAGERS (optional)

MANAGER Loren Armstrong 9215 East Roan Lane Inverness , FLORIDA 34450

MANAGER Denny Armstrong 2101 S. Colonial Homossassa , FLORIDA 34450

MANAGER Richard Konchan 315 Cabot St. Inverness , FLORIDA 34450

MANAGER Tim Ewry 9215 East Roan Lane Inverness, Florida 34450

MANAGER Tammy Ewry 9215 East Roan Lane Inverness , FLORIDA 34450

Loren D. Assistrong

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.)

Loren Armstrong Typed or printed name of signee SECRETARY OF STATE
TALLAHASSEE, FLORIOR