

W4000059136 (3)

Florida Department of State
Division of Corporations
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MJM

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

STATE OF FLORIDA
TALLAHASSEE

04 AUG -9 PM 1:26

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

tropic isles townhomes, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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(3)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

STATE OF FLORIDA
TALLAHASSEE

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Tropic Isles Townhomes, LLC

ARTICLE II - Address:

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

Principal Office Address:

236 SE 9 AVE #3
DEERFIELD BCH FL
33442

Mailing Address:

236 SE 9 AVE #3
DEERFIELD BCH FL
33442

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

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

Keith LaGala

Name

236 SE 9th AVE #3

Florida street address (P.O. Box NOT acceptable)

DEERFIELD BCH FLORIDA 33442

City, State, and 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, Florida Statutes.



Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:KEITH LA GALA236 SE 9 AVE #3
DEERFIELD BEACH FL 33442

(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 608.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Keith LaGala
Typed or printed name of signee

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