

L04000080058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

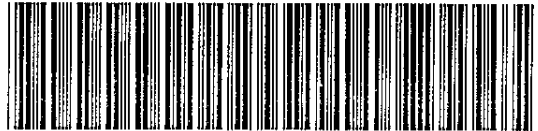
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2004 NOV -2 PM 2:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 4 2004

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2004 NOV -2 PM 2:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TO: Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

FROM: Corporate Service Center, Inc.  
350 S. Center Street, Suite 500  
Reno, NV 89501-2114

DATE: Wednesday, October 27, 2004

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Organization for **TROPICAL BREEZE PROPERTIES, LLC**

We have included payment in the amount of \$125.00 for the following fees:

- Filing fee -\$125.00
- Other: Please "File" stamp & return other provided copy
- Other:

If there are any questions, please call Liane Mooty at 800-542-2077, ext. 211.

When completed, please place documents in the return postage paid envelope. Thank you for your continued service!

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TROPICAL BREEZE PROPERTIES, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liane Mooty  
(Name of Person)

National Corporate Headquarters, Inc.  
(Firm/Company)

350 S. Center St., Ste. 500  
(Address)

Reno, NV 89501  
(City/State and Zip Code)

For further information concerning this matter, please call:

Liane Mooty at ( 800 ) 542-2077  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TROPICAL BREEZE PROPERTIES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

660 East Jefferson Street  
Tallahassee, FL 32301

**Mailing Address:**

220 Hawkcrest Cir.  
Sacramento, CA 95835

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

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

Business Filings Incorporated

Name

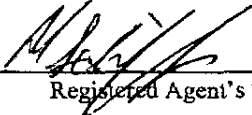
660 East Jefferson Street

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

Tallahassee FL 32301

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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**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:**

MGR

Michael Wagner

220 Hawkcrest Cir.

Sacramento, CA 95835

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TALLAHASSEE, FLORIDA

(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.)

Liane Mooty

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**