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Florida Department of State  
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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**  
**TROPICAL SOLUTIONS, LLC.**

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

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**ARTICLES OF ORGANIZATION  
OF  
TROPICAL SOLUTIONS, LLC  
A Limited Liability Company**

**ARTICLE I - NAME**

The name of the limited liability company ("Company") is **TROPICAL SOLUTIONS, LLC.**

**ARTICLE II - ADDRESS**

The mailing address of the Company's principal office: 10601 SW 164<sup>th</sup> Street  
Miami FL 33157

**ARTICLE III - DURATION**

The Limited Liability Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the company is earlier dissolved as provided in these Articles of Organization.

**ARTICLE IV - PURPOSE**

The Limited Liability Company is organized for the purpose of transacting any or all lawful business for which a limited liability company may be organized pursuant to Chapter 608, Florida Statutes, as amended from time to time.

**ARTICLE V - MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such manager or managers, to serve as a successor or successors are elected and qualified as:

Oral Stewart

10601 SW 164<sup>th</sup> Street Miami FL 33157

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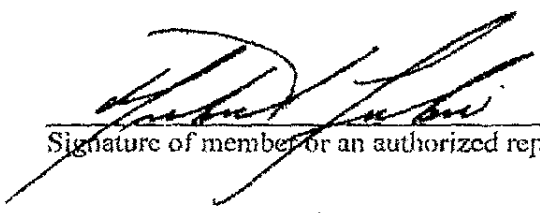
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**ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS**

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

**ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member in accordance with the Operating Agreement.

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

*(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true).*

HERBERT FABIO  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISION OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is TROPICAL SOLUTIONS, LLC.
2. The name and Florida street address of the registered agent is:  
Herbert Fabio  
11115 SW 134 Ct  
Miami, FL 33186

*Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate. I hereby accept the  
appointment as registered agent to act in this capacity. I further agree to comply with  
the provision of 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*

  
Herbert Fabio, Registered Agent

3/31/05  
Date

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