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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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TRANSMITTAL LETTER

TO: Registration Se Division of Con		1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SUBJECT: TRO	OPIC-HEAT PROPERT (Name of Limited	TIES, LLC Liability Company)	
The enclosed Articles	of Organization and fee(s)		
Please return all corres	pondence concerning this	matter to the following:	
	LEO GOU	IGHAN	
		ne of Person)	
		PROPERTIES, LLC	
	(1.11)	nu Company)	
	450 NORTH PA	RK ROAD, SUITE 800	
	(Add	dress)	
	TIOY 1 1711	(OOD EL 22021	
		OOD, FL 33021 and Zip Code)	
	(City/State a	and Zip Code)	
For further information	n concerning this matter, p	please call:	
LEO GOUGHAN		at (954) 983-6663	7E 05
(Name of Person	1)	(Area Code & Daytime Teleph	none Number)
·		(- · · · · · · · · · - · · · · · · · ·	
Enclosed is a check for	the following amount:		
2 \$125.00 Filing Fee Fee,	□□ \$130.00 Filing Fee	& □□ \$155.00 Filing Fee	& 🖂 \$160.00 Filing
,	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is
STREET ADDRESS:		MAILING ADI	enclosed) DRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Cor	· · · · · · · · · · · · · · · · · · ·
409 E. Gaines Street		P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, Flo	orida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: TROPIC-HEAT PROPERTIES, LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 450 NORTH PARK ROAD SUITE 800 **SUITE 800** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

LEO GOUGHAN

Name

450 NORTH PARK ROAD, SUITE 800

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

HOLLYWOOD, FL 33021

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
"MGRM"	KKG INVESTMENTS, INC.
	450 NORTH PARK ROAD, SUITE 800
	HOLLYWOOD, FL 33021
"MGRM"	A.A. INVESTEMENTS, INC.
	2863 S.W. 141 CT.
	MIAMI, FL 33175
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
A Hard	
Signature of a member or	an authorized representative of a member.
	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution
	es an affirmation under the penalties of perjury
that the facts stated herein	are true.)
1 1	//
LED G	r printed name of signee
Typed o	r 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)