

LOS0000885/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

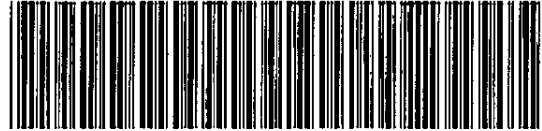
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 11 2005
TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL LAND VENTURES, 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:

ANA DE LUCA
(Name of Person)

TROPICAL LAND VENTURES, LLC
(Firm/Company)

1314 E. LAS OLAS BLVD. # 1122
(Address)

FT. LAUDERDALE FL 33301
(City/State and Zip Code)

05 SEP - 1 PM 2:16
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANA DE LUCA at 954 522-9330
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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:

MGRM

CHRISTOPHER BAIDEN
1314 E. CAS OAS BLVD. # 1122
FT. LAUDERDALE FL 33301

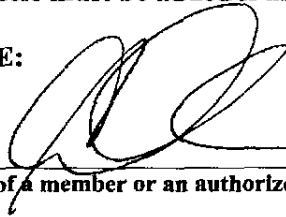
MGRM

ANASTASIA DeLUCA
1314 E. CAS OAS BLVD # 1122
FT. LAUDERDALE FL 33301

(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.)

ANASTASIA DeLUCA

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)

SEP 05 2011
TALLAHASSEE, FLORIDA

05 SEP -1 PM 2:46

FILED