L050000885/6

(Danisa Andre Nama)			
(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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TALLAHASOLE FLORIDA

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TRANSMITTAL LETTER

	ation Secon n of Corp				
SUBJECT:	TRO	PICAL AND (Name of Limite)	Liability Company)	2	
The enclosed Art	ticles of (Organization and fee(s) are so	ubmitted for filing.		
Please return all	согтеѕро	ndence concerning this matte	r to the following:		
		ANA DEL	LUCA		
_		(1)	Name of Person)		
	TR	PIGILLAND 1	BINES, UC		
		(1	Firm/Company)	50 C	
	1314	I E.LAS OLAS	BLVD. # 112	22 ESEP	
			(Address)		
	F	LAUDEROAUS	FT 33301 State and Zip Code)	PH 2: 1.6	
		(City/	State and Zip Code)	DA O	
For further information concerning this matter, please call:					
AN	4/2	Eluca	au 954, 522	-9330	
	(Name of	Person)	(Area Code & Daytime Te	dephone Number)	
Enclosed is a ch	neck for	the following amount:			
□ \$125.00 Filing		3 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	CTDEE	r abbbecc.	MARITING AT	nnnece.	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	ny is:
TROPICAL LAND VE	TURES, LIC
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1314 E.LAS OLAS BLVD	
# 1122 FT. LANDGROME FL 33301	
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signatures
The name and the Florida street address of	the registered agent are:
AWASTAS	HALELUCH E.
13/4 E. LA Florida stre	SOLAS BUD #1172 75 6 ct address (P.O. Box NOT acceptable)
FT, LAUDSTIGAL	FL 3330/ tate, and Zip
liability company at the place designated registered agent and agree to act in this cap	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all
	te performance of my duties, and I am familiar with and pregistered ogent as provided for in Chapter 608, F.S
- Chl	
Registered A	gent's Signature

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:					
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM MGRM	CHUSTOPHER BAIDEN 1314 E. LAS OUS BLVD, # 1727 FT. LINDERDANG FL \$330)				
MGRM	AUROPASIA DE CUEY 1314 E. US. OLAS BLUDT 1122 PI, CHOSTANO TO 33301				
(Use attachment if necessary)					
NOTE: An additional article must be added if an effective date is requested.					
(In accordance with section of this document constitutes that the facts stated herein	an authorized representative of a member. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury in are true.)				

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)