

## Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : GREENBERG TRAUIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 650-7900  
Fax Number : (561) 655-6222

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DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Tropicana Associates, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Electronic Filing Menu

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Help

B

H06000001724 3

**ARTICLES OF ORGANIZATION  
OF  
TROPICANA ASSOCIATES, LLC**

**ARTICLE I – Name**

The name of the Limited Liability Company is: Tropicana Associates, LLC

**ARTICLE II – Address**

The mailing address of the Limited Liability Company is:

c/o Harvard Apartments  
1501 Harvard Circle  
Melbourne, FL 32905

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

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

David Kipper  
c/o Harvard Apartments  
1501 Harvard Circle  
Melbourne, FL 32905

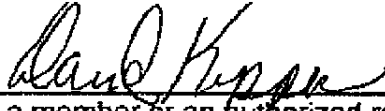
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*Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
David Kipper

H06000001724 3

H06000001724 3



\_\_\_\_\_  
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.)

\_\_\_\_\_  
David Kipper

Typed or printed name of signee

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy (Optional)**

**\$5.00 Certificate of Status (Optional)**

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