

LD60000082305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

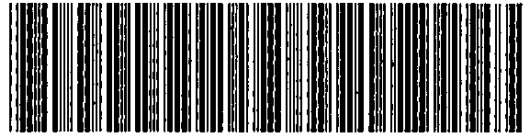
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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LLC

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600078313776

08/04/06--01021--018 **125.00

EFFECTIVE DATE
8/25/06

FILED
06 AUG 19 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rejet
Wdb-34901



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2006

KIMBERLY R REGO
2827 NE COLD SPRINGS DRIVE
JENSEN BEACH, FL 34957

SUBJECT: TROPICAL SMOOTHIE OF PASCO COUNTY, LLC
Ref. Number: W06000034901

We have received your document for TROPICAL SMOOTHIE OF PASCO COUNTY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 906A00049314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Smoothie of Pasco County, 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:

Kimberly R. Rego
(Name of Person)

Tropical Smoothie of Pasco County, LLC
(Firm/Company)

2827 NE Cold Spring Drive
(Address)

Jensen Beach, FL 34957
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Rego at 407, 470-4273
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tropical Smoothie of Pasco County, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2827 NE Cold Spring Drive
Jensen Beach, FL 34957

Mailing Address:

2827 NE Cold Spring Drive
Jensen Beach, FL 34957

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kimberly R. Rego
Name

2827 NE Cold Spring Dr
Florida street address (P.O. Box **NOT** acceptable)
Jensen Beach FL 34957
City, State, and Zip

EFFECTIVE DATE
8/25/26

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..

Kimberly R. Rego
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

Kimberly R. Rego
2827 NE Cold Spring Dr.
Jensen Beach, FL 34957

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/25/06 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Kimberly R. Rego
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.)

Kimberly R. Rego
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)