(Requestor's Name)	
•	
(Address)	_
(Address)	_
, ,	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Cussial Instructions to Ellins Officer	_
Special Instructions to Filing Officer:	
·	
: 10	
Show	

Office Use Only



200080089462

10/12/06--01010--008 **155.00





LAZARUS CORPORATE FILING SERVICE	
3320 SW 87TH AVENUE	
MIAMI, FL 33165 (305) 552-5973	
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	IBER(S), (if known):
1. TROMCALS CAPES L. (Corporation Name)	Document #)
, and the same of	Tays,
2(Corporation Name)	Document #)
3.	
(Corporation Name)	Document #)
4.	• •
(Corporation Name) (Document #)
Walk in Pick up time 2.06	_ Certified Copy
Mail out Will wait Photo	copy
NEW FILINGS AMEND	MENTS
Not for Profit Limited Liability Resi Cha	endment gnation of R.A., Officer/Director nge of Registered Agent olution/Withdrawal ger
OTHER FILINGS REGIST	RATION/QUALIFICATION
Reir	ited Partnership istatement Iemark

CR2E031(7/97)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROPICALSCAPES L.L.C.

ARTICLE II - Address:

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

Mailing Address:

Principal Office Address:	Mailing Address:
777NF 62MD ST	777 NE 62 NO ST
# 6-308	# C-308
MIAMI, E1 33 138	1111M1, FL 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility Company cannot nerve 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:

JORGE LUIS FIMARO
Name
777 NE 62 PST # C-308
l'Iorida street address (P.O. Box NOT acceptable)
MIAM / FI 33138
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 stanutes 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.

Rogistered Agent's Signifure (REQUIRED)

(CONTINUED) Page I of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" - Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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:** Signature of a member or an authorized representative of a member.

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certifled Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Page 2 of 2

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

yped or printed name of signer