# 15700026380

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(Req	uestor's Name)	
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(City	/State/Zip/Phone	<b>≠</b> f)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	·
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB	SJECT: TOTA LIY TROPI	Florida Limited Company)	<u> </u>
conv		rticles of Organization, and fees are submitte Florida Limited Liability Company" in	d to
Plea	se return all correspondence concernin	g this matter to:	
	TRACY TUCKER (Contact Person)		
	TOTALLY TROPICAL (Firm/Company)	,LLC.	
vavious >3	(Address)	now/correct: 7681 NORTH	4 SHORES DA
N	AVARRE FL. 3261 (City, State and Zip Code)	06	
For	further information concerning this ma	tter, please call:	
To	(Name of Contact Person)	at (850) 936-9135/29. (Area Code and Daytime Telephone Number	2-4530
Encl	osed is a check for the following amou	int:	
(\$25 : & \$1:	50.00 Filing Fees for Conversion and Certificate of Status ganization)  \$\sum_{0.00}^{\text{55.00}} \text{Filing Fees} & \sum_{0.00}^{\text{55.00}} \text{Filing Fees} & \text{Status} & \text	S180.00 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status	
Regi Divi	SEET ADDRESS: stration Section sion of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
	on Building  Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

#### **Certificate of Conversion**

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the Other Business Entity infinediately prior to the thing of this		
Certificate of Conversion is:  TOTALLY TROPICAL		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a TOTALLY TROPICAL, U.C. (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)		
on 5-16-02 (Enter date "Other Business Entity" was first organized, formed or incorporated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:		
NA .		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
TOTALLY TROPICAL LLC		
(Enter Name of Florida Limited Liability Company)		

Page 1 of 2

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effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 2nd day of MARCH 20 pt.

Signature of Authorized Person: Lray Luhr

Printed Name: TRACY TUKER Title: OWNER

5. If not effective on the date of filing, enter the effective date:

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the

#### Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125,00

Certified Copy:

\$30.00 (Optional)

upon filing

Certificate of Status:

\$5.00 (Optional)

Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or

Mailing Address:

The mailing address and street address of the principal office of the Limited

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

Liability Company is:

"L.C.,")

Signature:

The name of the Limited Liability Company is:

individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the regi	stered agent are:
TRACY TUCKE	<u></u>
Florida street address (P.O. Bo	HORES DR.  NOT acceptable)
NAVARLE F City, State, a	1 32566 nd Zip
Having been named as registered agent and to ac above stated limited liability company at the place hereby accept the appointment as registered as capacity. I further agree to comply with the provi the proper and complete performance of my dutie	designated in this certificate, I gent and agree to act in this isions of all statutes relating to

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REOUIRED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	TRACY TUCKER 7691 NORTH SHORES I NAVARRE, FL32526
•	
**************************************	
ARTICLE V: Effective date, if other than to OPTIONAL)  If an effective date is listed, the date mususiness days prior to or 90 days after the	st be specific and cannot be more than five
REQUIRED SIGNATURE:	- Table of Himigs)
Signature of a member or an	authorized representative of a member.
(In accordance with section 60 of this document constitutes an	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
TOACY TURE OF THE	KIGK rinted name of signee
1) <b>po2</b> or <b>p</b> .	The second of president

#### 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)