

10700070391

(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:

DB

Office Use Only



700104444077

07/05/07--01017--020 \*\*125.00

FILED

07 JUL -5 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JOSEPH DAYTON FOLEY, JR.**  
**A Professional Association**  
**Attorney at Law**

SunTrust Building  
498 Palm Springs Dr., Suite 100  
Altamonte Springs, Florida 32701

Telephone: (407) 629-6060  
Fax: (407) 629-1919

June 29, 2007

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
**07 JUL -5 PM 2:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Re: Registration of Florida Limited Liability Company;  
Tropical Fever, LLC

Dear Sir/Madam:

Enclosed herewith please find the fully executed original "Articles of Organization" for filing.

Check number 1411 in the amount of one hundred, twenty-five dollars (\$125.00) is also enclosed for the filing fee.

If you should have any questions, please feel free to contact my office.

Very truly yours,

JOSEPH DAYTON FOLEY, JR.  
PROFESSIONAL ASSOCIATION

By:   
Joseph Dayton Foley, Jr.

JDF/mt  
Enclosures

**ARTICLES OF ORGANIZATION  
OF  
TROPICAL FEVER, LLC**

---

**ARTICLE I - NAME**

The name of the limited liability company is TROPICAL FEVER, LLC, ("Company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

TROPICAL FEVER, LLC  
11858 GENNARO LANE  
ORLANDO, FLORIDA 32827

Mailing Address:

TROPICAL FEVER, LLC  
11858 GENNARO LANE  
ORLANDO, FLORIDA 32827


**FILED**  
07 JUL -5 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

BEVERLY S. CLARK  
11858 GENNARO LANE  
ORLANDO, FLORIDA 32827

*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..*

  
\_\_\_\_\_  
BEVERLY S. CLARK

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

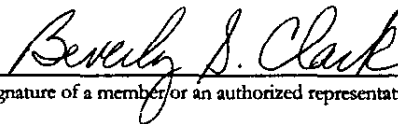
Managing Member

BEVERLY S. CLARK  
11858 GENNARO LANE  
ORLANDO, FLORIDA 32827

Member

SHARON A. KIRCHNER  
161 SW DANTE TERRACE  
LAKE CITY, FLORIDA 32024

**REQUIRED SIGNATURE:**



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.)

BEVERLY S. CLARK

Typed or printed name of signer

FILED  
07 JUL -5 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA