## L07000112200

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
LLAHASSEF, FLORIDA

## COVER LETTER

TO:	Registration S Division of Co			
SUBJ	<sub>вст.</sub> Tropic	al Investment Gro	oup, LLC.	
3010	EC1.	(Name of Lim	ited Liability Company)	
The er	olosed Auticles o	f Organization and fee(s) are	submitted for filing	
			-	
Piease	return all corresp	ondence concerning this ma	iter to the following:	
	Robinson	Alba		· · · · · · · · · · · · · · · · · · ·
			(Name of Person)	
	Tropical Ir	vestment Group,	LLC.	
			(Firm/Company)	
	925 N.W.	106 Ave. Circle.		
			(Address)	· · · · · · · · · · · · · · · · · · ·
	Miami, Fla	. 33172		200 SE
	<u></u>	(C	ty/State and Zip Code)	I NOV
For fu	ther information	concerning this matter, pleas	se call:	JV -5 P TARY OF S IASSEE. FL
Rob	inson Alba		at 786 302-0830	OF ST
•	(Name	of Person)	(Area Code & Daytime Tele	phone Number
Enclos	sed is a check fo	r the following amount:		
<b>□\$</b> 125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is	:
Tropical Investment Group, LLC.  (Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
925 N.W. 106 Ave. Circle. Mlami, Florida. 33172	(SAME)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the Property of the	registered agent are:  Circle  dress (P.O. Box NOT acceptable)

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Marcos Laureano	
<u> </u>	1155 West 33 Street	
	Hialeah, Florida. 33012	
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<b>V</b>	SEC ALL	
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(Use attachment if necessary)	<b>≯</b>	

ARTICLE V: Effective date, if other than the date of filing: October 10, 2007. (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:** 

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.)

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)