

LO8000070708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

Special Instructions to Filing Officer:

Linda Wilson GAVE
AUTHORIZATION BY PHONE TO
CORRECT members
DATE 7/23/08
DOC. EXAM. _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

008A-42746

N. O. ~~Signature~~ JUL 22 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL HOME OPTIONS 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:

GT Wilson II
(Name of Person)

KOMCISE LTD CO
(Firm/Company)

3959 VAN DYKE RD #171
(Address)

LEE FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

GT Wilson II at (813) 244-0244
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2008

GT WILSON II
3959 VAN DYKE ROAD #171
LUTZ, FL 33558

SUBJECT: TROPICAL HOME OPTIONS LLC
Ref. Number: W08000034537

We have received your document for TROPICAL HOME OPTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Cant read the name. List the title for all the Managers or Managing Members.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 408A00042573

*Linda Wilson
Remove the then name*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPICAL HOME OFFICES LLC

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

ARTICLE II - Address:

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

Principal Office Address:

19106 FISHERMENS BOUD DR
LC12, FL 33558

Mailing Address:

19106 FISHERMENS BOUD DR
LC12, FL 33558

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:

RUDOLPH C CAMPBELL

Name

19106 FISHERMENS BOUD DR

Florida street address (P.O. Box **NOT** acceptable)

LC12 FL 33558

City, State, and Zip

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ALLAHASSEE FLORIDA

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.

Rudolph Campbell

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

"MGRM" = Managing Member

MGRM

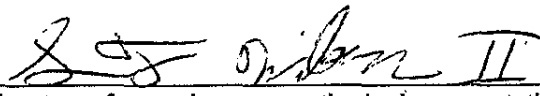
Name and Address:

KOMODO LIA CO
5729 19TH ST
DEERFIELD BEACH, FL 33442

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/18/07 (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.)

GT Wilson II
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)