

L090000016227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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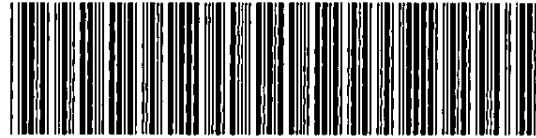
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
FEB 18 2009
EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tropical Leaves LLC

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☒ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____

Signature _____

Requested by: Seth 2/17 3:30
Name Date Time

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

Tropical Leaves, LLC.

ARTICLE II- Address:

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

Principal Office Address:

7 Bass Avenue

Key Largo, FL 33037

Mailing Address:

Same

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

The name of the Florida street address of the registered agent are:

ROBIN A. D'AMBRA

7 Bass Avenue

Key Largo, FL 33037

Having been named as registered agent and to accept service of process for the above 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

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TALLAHASSEE FLORIDA

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

Name and address:

MGRM

Robin A. D'ambra
7 Bass Avenue
Key Largo, FL 33037

ARTICLE V: Effective date, if other than the date filing: filing

SIGNATURE OF MEMBER:

Robin A. D'ambra
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.)

ROBIN A. D'AMBRA
Typed or printed name of signee