

LO9UUVU61697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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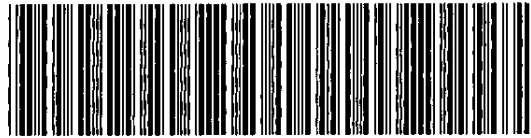
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUN 25 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 06/25/09

REF. #: 000399.106285

CORP. NAME: TROPICAL FRUIT GARDEN, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☒ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 530754 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| ☐ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☒ PLAIN STAMPED COPY |
| ☒ CERTIFICATE OF STATUS | | |

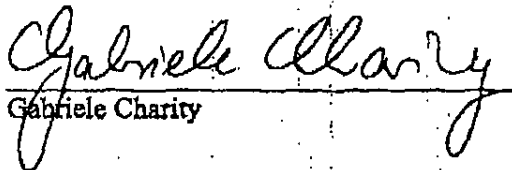
Examiner's Initials

ARTICLES OF ORGANIZATION
OF
TROPICAL FRUIT GARDEN, LLC

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1. Name. The name of the Limited Liability Company is:
Tropical Fruit Garden, LLC
2. Principal Office. The principal office of the Limited Liability Company is:
73 S. Palm Avenue, Suite 214
Sarasota, FL 34236
3. Mailing Address. The mailing address of the Limited Liability Company is:
73 S. Palm Avenue, Suite 214
Sarasota, FL 34236
4. Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:
Gabriele Charity
73 S. Palm Avenue, Suite 214
Sarasota, FL 34236

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 obligation of my position as registered agent as provide for in Chapter 608, F.S.


Gabriele Charity

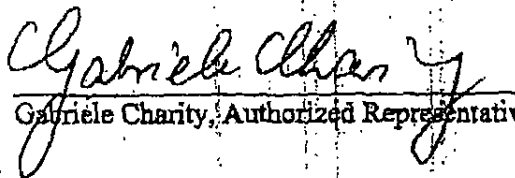
5. Managing Member. The name and address of the initial managing members are as follows:

Astrid Zuther
73 S. Palm Avenue, Suite 214
Sarasota, FL 34236

Andreas Rothlaender
73 S. Palm Avenue, Suite 214
Sarasota, FL 34236

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.

Dated this 24th day of June, 2009.


Gabriële Charity, Authorized Representative

CMK/11141-1