

L1UUVU 113817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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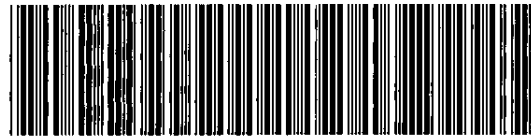
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE 10/30/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 1 AM 9:55

B. KOHR
NOV - 2 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tropical Yards, L.L.C.

Name of Limited Liability Company

EFFECTIVE DATE 10/30/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 1 AM 9:55

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

1081 S.W. Lighthouse Drive, Palm City, FL 34990

Name of Person

Tropical Yards, L.L.C.

Firm/Company

1081 S.W. Lighthouse Drive

Address

Palm City, FL 34990

City/State and Zip Code

atannermcgee@aim.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Tanner McGee

Name of Person

at (828)

699-5778

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

EFFECTIVE DATE 10/30/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tropical Yards, L.L.C.

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

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DIVISION OF CORPORATIONS
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ARTICLE II - Address:

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

Principal Office Address:

1081 S.W. Lighthouse Drive
Palm City, FL 34990

Mailing Address:

1081 S.W. Lighthouse Drive
Palm City, FL 34990

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:

Tanner Creighton McGee

Name

1081 S.W. Lighthouse Drive

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

Palm City FL 34990

City, State, and Zip

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..

Tanner Creighton McGee
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Tanner Creighton McGee
1081 S.W. Lighthouse Drive
Palm City, FL 34990

MGRM

Amanda Tanner McGee
1081 S.W. Lighthouse Drive
Palm City, FL 34990

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/30/2010. (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:

Tanner Creighton McGee
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tanner Creighton McGee

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)

Check #1185
130.00