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**Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
TROPIC TREE SERVICE LLC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPIC TREE SERVICE 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:

Mailing Address:

410 JUNG BLVD-W
NAPLES, FL 34120

410 JUNG BLVD-W
NAPLES, FL 34120

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:

RAMON F CARRASCO

Name

410 JUNG BLVD-W

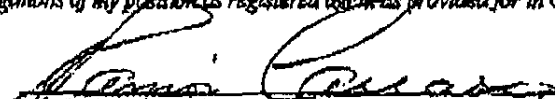
Florida street address (P.O. Box NOT acceptable)

NAPLES

FL 34120

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 602, F.S.


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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>RAMON CARRASCO</u> <u>410 JUNG BLVD-W</u> <u>NAPLES, FL 34120</u>
<u>MGR</u>	<u>RAMON CARRASCO</u> <u>410 JUNG BLVD-W</u> <u>NAPLES, FL 34120</u>
<u>MGRM</u>	<u>ANNA R CARRASCO</u> <u>410 JUNG BLVD-W</u> <u>NAPLES, FL 34120</u>
<u>MGR</u>	<u>ADRIAN CARRASCO</u> <u>410 JUNG BLVD-W</u> <u>NAPLES, FL 34120</u>

(Use attachment if necessary)

SEE ATTACHMENT

ARTICLE V: Effective date, if other than the date of filing: _____ (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. 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.817.153, F.S.)

RAMON F CARRASCO

Typed or printed name of signor

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TROPIC TREE SERVICE LLC

Continued

ARTICLE V- Manager (s) or Managing Member(s).....

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

TITLE	NAME AND ADDRESS
MGR	YOVANA CARRASCO
	410 JUNG BLVD-W
	NAPLES, FL. 34120

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