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Florida Department of State
Division of Corporations
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2nd Request

To:
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From:
Account Name : FASTKIT CORP
Account Number : I20100000009
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
TROPIC TREE SERVICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

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N. Culligan MAY 4/28/2011

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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	410 JUNG BLVD-W
NAPLES,FL 34120	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 608, 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:

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

(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.)

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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.817.155, F.S.)

RAMON F CARRASCO

Typed or printed name of signer

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:

TITTLE	NAME AND ADDRRESS
MGR	YOVANA CARRASCO
	410 JUNG BLVD-W
	NAPLES, FL. 34120

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