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To:

Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305) 634-3694

Fax Number

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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. **

Email Address:

FLORIDA LIMITED LIABILITY CO. TROPICAL WAVE NURSERY, LLC.

Certificate of Status	0
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J. SAULSBERRY EXAMINER

12/19/2011

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EMPIRE CORP KIT

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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE 44 NE 16th Street Homestead, Florida 33030 305-247-7132 Florida Bar No. 435910

ZOLI DEC 19 AM 8: 31
SEUFICIARY DE STATE
ANTINASSEE, FLORID

ARTICLES OF ORGANIZATION

OF

Tropical Wave Nursery, LLC.

ARTICLE I:

The name of this limited liability company shall be: Tropical Wave Nursery, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

MAILING ADDRESS: 20241 S.W. 317 STREET HOMESTEAD, FL 33030 PHYSICAL ADDRESS: 20241 S.W. 317 STREET HOMESTEAD, FL 33030

ARTICLE III:

The name of the registered agent for Tropical Wave Nursery, LLC, is as follows:

Paul Gray 20241 S.W. 317 STREET HOMESTEAD, FL 33030

ARTICLE IV:

This limited liability company shall be a member-managed company and shall be managed by one member manager.

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ARTICLE V:

The initial member of Tropical Wave Nursery, LLC, shall be:

Paul Gray 20241 SW 317 STREET HOMESTEAD, FL 33030

ARTICLE VI:

The initial managing member shall be:

Paul Gray (MGRM) 20241 SW 317 STREET HOMESTEAD, FL 33030 SECRETARY OF STATE

interest of the second

DATED this 19th, day of December. 2011.

Paul Gray, Managing Member

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE OF

Tropical Wave Nursery, LLC

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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 PROPERT AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED this 19th, day of December, 2011.

Paul Gray

Registered Agent

20241 S.W. 317 STREET HOMESTEAD, FL 33030 2011 DEC 19 AM 8: 3

M; 3011/CORPORATIONS AND LLCS/2746-11 TROPICAL WAVE NURSERY, LLC/ARTICLES OF ORGANIZATION LL-mc-12-19-11, dec

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