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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: Tropical Granite, LLC
зовл	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
ricase	return all correspondence concerning this matter to the following:
	Kevin Turner
	Name of Person
	Tropical Granite, LLC
	Firm/Company
	9525 131 Street North
	Address
;	Seminole, Florida 33776
·	City/State and Zip Code
<u>-</u>	kevint84@live.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Kevi	in Turnerat (727) 235-2752
	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.00	Filing Fee \$\sum_{\text{status}} \text{S155.00 Filing Fee & \$\sum_{\text{Certified Copy}} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\sum_{\text{certified Copy}} \text{(additional copy is enclosed)} \text{\$\sum_{\text{certified Copy}} \text{(additional copy is enclosed)}}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Tropical Granite, 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:
9525 131 Street North	9525 131 Street North
Seminole, Florida	Seminole, Florida
33776	33776

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:

Kevin Turner	
	Name
9525 131	Street North
Florid	da street address (P.O. Box NOT acceptable)
Seminole,	_{FL} 33776
	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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
•	
MGR	Kevin Turner
	9525 131 Street North
	Seminole, Florida 33776
ffective date is listed, the date must b	e date of filing: (OPTION) be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTION) De specific and cannot be more than five business da
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