# L12000080906

 (Requestor's Name)	80
 (Address)	
 (City/State/Zip/Phone #)	\
 D PICK-UP WAIT  (Business Entity Name)	
(Document Number)  (Certificates of Status	-
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Tropic of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Johna Kawson  Name of Person
T& T Profesion & Painting
5158 Springdale dr. apt. B
Muton, Fl 32576 City/State and Zip Code
Panter 4 Life 1 e Northaul Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Todd Vauchn  Name of Jerson  at (850) 686-9184  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \( \) \$130.00 Filing Fee \( \) Certificate of Status  Certificate of Status \( \) (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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.Cor "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:	
5158 & principaled r Apt B	5158 Springdaledr	apt B
325 TO	(Metal) +10	•

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:

| Joshua dauson | Florida street address (P.O. Box NOT acceptable) | Florida Street addre

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)

Page 1 of 2

	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	12 JUN 18 PM 1: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	Joshua Lause 5158 Springfalo	510
MGRM	Todd Voudan 3516 ylctoryan PCCO, FL 30071	
(Use attachment if necessary)	1 10001	. (OPTIONAL)
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than fi	
REQUIRED SIGNATURE:		
Signature of a member	or an authorized representative of a men	nber,

(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.)

1/aughn

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)