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Certified Copies	_ Certificates	of Status
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EFFECTIVE DATE 10/8/2007

DIVISION OF CAMPORATION

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Division of Corporations	
SUBJECT: Tropical Fresh Innova	ations, LLC
	nited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Tim Debus	
	Name of Person
Tropical Fresh Innovation	ns, LLC
	Firm/Company 5
10621 Weybridge Drive	
	Address EFFECTIVE DATE 10 8 20
Tampa, Florida 33626	to (u)
	City/State and Zip Code
timdebus@verizon.net	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, plea	ase call:
Tim Debus	at (813) 792-1238
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{Status}\$ Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 10/8/2012

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	LORIDA LIMITED LIABILITY COMPANY
Tropical Fresh Innovations, L	LC S
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10621 Weybridge Drive Tampa, Florida 33626	10621 Weybridge Drive Tampa, Florida 33626
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Tim Debus	
Name	
10621 Weybridg	
	Idress (P.O. Box <u>NOT</u> acceptable)
Tampa, Florida 3362	
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	Tim Debus
	10621 Weybridge Drive
	Tampa, Florida 33626
 	
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Use attachment if necessar	ry)
	97
E Mr. Effective data if oth	er than the date of filing: October 8, 2012 (OPTIO

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.)

Timothy P. Debus

Typed or printed name of signee

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)