

L12000144670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

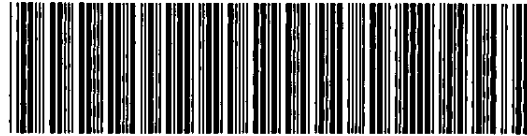
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000241505830

11/13/12--01016--019 **160.00

EFFECTIVE DATE 11-7-12

FILED
12 NOV 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 15 2012

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

TROPICCOOL, LLC

SUBJECT: _____
Name 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:

Susan Cerf

Name of Person

Firm/Company

2108 Dolphin Blvd., South

Address

St. Petersburg, FL 33707

City/State and Zip Code

ocerf@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Cerf

Name of Person

at (**727**) **224-0041**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPICCOOL, 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:

2108 Dolphin Blvd., South
St. Petersburg, FL 33707

Mailing Address:

same

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:

Olivier Cerf

Name

3301 Gateway Centre Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Pinellas Park

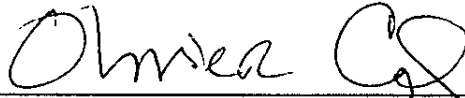
FL

33782

City, State, and Zip

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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):

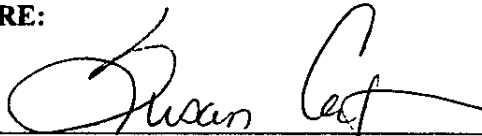
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Olivier Cerf 2108 Dolphin Blvd., South St. Petersburg, FL 33707
MGRM	Susan Cerf 2108 Dolphin Blvd., South St. Petersburg, FL 33707
MGRM	Stefan Cerf 2108 Dolphin Blvd. South St. Petersburg, FL 33707
MGRM	Yannick Cerf 2108 Dolphin Blvd., South St. Petersburg

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/07/2012. (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.)

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.)

Susan Cerf

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)

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STATE
TALLAHASSEE, FLORIDA