

# L1300092774

Florida Department of  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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### FLORIDA LIMITED LIABILITY CO. TROPICAL SKOOPS, LLC.

63547

Certificate of Status	0
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COVER LETTER

TO: REGISTRATION SECTION - DIVISION OF CORPORATIONS

SUBJECT: NAME OF LLC: TROPICAL SCHOOPS, LLC.

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NAME OF PERSON: NATASHA D. MAYNE, ESQ.

FIRM/COMPANY: THE MAYNE LAW GROUP, P.A.

ADDRESS: The Crexent Building, 12401 Orange Drive SUITE 132, DAVIE, FL 33330

E-MAIL ADDRESS: (TO BE USED FOR FUTURE ANNUAL REPORT NOTIFICATION): SHANILLIA FORBES-BAILEY; shanilliaf@yahoo.com

For further information concerning this matter, please call: NATASHA D. MAYNE, ESQ. at 786.663.2911, NMAYNE@MAYNELAWGROUP.COM

Enclosed is a check for the following amount: \$263.58

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**TROPICAL SKOOPS, LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  7304 McKinley street Hollywood, FL 33024	Mailing Address:  7304 McKinley street Hollywood, FL 33024
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**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:

Name: **SHANILLIA FORBES-BAILEY**

Florida street address (P.O. Box NOT acceptable): **7304 McKinley Street, Hollywood, FL 33065**

*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)

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**ARTICLE IV – Manager(s) or Managing Members(s):**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	SHANILLIA FORBES-BAILEY 7304 McKinley street Hollywood, FL 33024
Manager	DELROY BAILEY 7304 McKinley street Hollywood, FL 33024

ARTICLE V – Effective date, if other than the date of filing; N/A (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:**



SHANILLIA FORBES-BAILEY

(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.)

**SHANILLIA FORBES-BAILEY**  
Typed or Printed Name of Signee

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