

L14000126683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

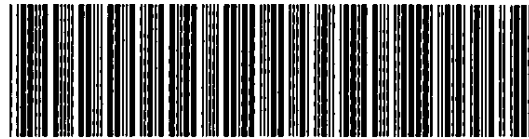
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600263033176

08/13/14--01006--019 \*\*190.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 13 PM 4:45

FILED

13 AUG 13 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tropico Management, LLC**  
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:

Susiette Smith  
Name of Person

Tropico Management, LLC  
Firm/Company

3803 Sago Ct NE  
Address

Winter Haven, FL 33881  
City/State and Zip Code

TropicoManagement@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susiette Smith at ( 863 ) 585-1190  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (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:

Tropico Management 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:

3803 Sago CT NE  
Winter Haven, FL 33881

3803 Sago CT NE  
Winter Haven, FL 33881

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:

Susiette Smith  
Name

3803 Sago CT NE  
Florida street address (P.O. Box NOT acceptable)

Winter Haven FL 33881  
City Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AUG 13 PM 4:45  
FILED

*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 605, F.S..*

*Susiette Smith*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Susiette Smith  
3803 Sago CT NE  
Winter Haven, FL 33881

MGR

Iseah Smith III  
3803 Sago CT NE  
Winter Haven, FL 33881

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

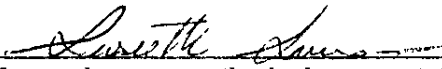
**FILED**  
 AUG 13 PM 4:45  
 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: 08/11/2014 (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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
 (In accordance with section 605.0203 (1) (b), 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.)

Susiette Smith  
 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)