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| PICK-UP | ☐ WAIT | MAIL |
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| (DC | ocument Number) | |
| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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EFFECTIVE DATE 01-1-15

B. BOSTICK

OCT 1 4 2014

EXAMINER

COVER LETTER

| | Registration Section Division of Corporations | |
|------------|--|----------|
| CUBIEC | TROPICAL RECIPE LLC | |
| SUBJECT | Name of Limited Liability Company | |
| The enclos | sed Articles of Organization and fee(s) are submitted for filing. | |
| Please ren | urn all correspondence concerning this matter to the following: | |
| | TRACIA LANDLEY-SMALL | |
| | Name of Person | |
| | | |
| | Firm/Company | |
| | 9861 W. FERN LANE | |
| | Address | |
| | MIRAMAR, FLORIDA 33025 | |
| | City/State and Zip Code | |
| | tlandley@yahoo.com E-mail address: (to be used for future annual report notification) | |
| Eas fustha | | |
| | information concerning this matter, please call: | - 100 mg |
| ırac | ia Landley-Sma 954 825-7794 | |
| | Name of Person Area Code Daytime Telephone Number | ے ک |
| Enclosed i | s a check for the following amount: | υ « |
| \$125.00 F | | w L |

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | |
|--|---|--|----------------------------|-----------------------|-------------|
| The name of the Limited Liability Com | pany is: | | | | |
| TROPICAL RECIP | PE LLC | | | | |
| (Must end with th | e words "Limited | d Liability Company, "L.L.C.," or "LL | .C.") | | |
| ARTICLE II - Address: The mailing address and street address | of the principal of | office of the Limited Liability Compan | y is: | | |
| Principal Office Address: | <u>Mail</u> | ling Address: | | | |
| 9861 W. FERN LANE | | 9861 W. FERN LANE | | | |
| MIRAMAR, FLORIDA 33025 | | MIRAMAR, FLORIDA 33025 | | | |
| (The Limited Liability Company cannot another business entity with an active F The name and the Florida street address | Florida registrations of the registered | on.) d agent are: | e an indivi | iual or | |
| | EGISTERED AGENT Name | | | | |
| | Hain | U | | | |
| | Rocky Point Dr., STE address (P.O. Bo | x NOT acceptable) | | | |
| , | Tampa | FL 33607 | | | |
| | City | Zip | | | |
| capacity. I further agree to comply wi | te, I hereby accep ith the provisions and accept the ob | ervice of process for the above stated ling pt the appointment as registered agent on the of all statutes relating to the proper an bligations of my position as registered a noter 605, F.S | and agree to d complete | o act in t perform | his ance |
| The state of the s | | Dan Keen - Presi | .dent | HE. | |
| Register | ed Agent's Signa | ature (REQUIRED) | ERET. | 130 | |
| | (CONTINU | JED) | SSEE | -9 | |
| | Page 1 of | 2 |)F ST/ | ڻ ص | Ö |

| PANADDE - Auchanian A. | Name and Address: |
|--|--|
| "AMBR" = Authorized Me "MGR" = Manager | тоет |
| MGR = Manager | TRACIA LANDLEY-SMALL |
| | 9861 W. FERN LANE |
| | MIRAMAR, FLORIDA 33025 |
| MGR | PAUL SMALL |
| | 9861 W. FERN LANE |
| | MIRAMAR, FLORIDA 33025 |
| | |
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| | |
| (Use attachment if necessar | y) |
| ective date is listed, the dat of filing.) | than the date of filing: <u>JANUARY 1, ZO15</u> . (OPTIONAL) e must be specific and cannot be more than five business days prior to or y. |
| ective date is listed, the dat of filing.) | e must be specific and cannot be more than five business days prior to or |
| | e must be specific and cannot be more than five business days prior to or |
| ective date is listed, the date of filing.) E VI: Other provisions, if an REQUIRED SIGNATUR | e must be specific and cannot be more than five business days prior to or |
| E VI: Other provisions, if an REQUIRED SIGNATURE Signa (In accordance constitutes an I am aware that | e must be specific and cannot be more than five business days prior to or y. E: ture of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this docum affirmation under the penalties of perjury that the facts stated herein are true at any false information submitted in a document to the Department of State |
| REQUIRED SIGNATURE Signa (In accordance constitutes an I am aware tha | e must be specific and cannot be more than five business days prior to or y. E: ture of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this docum affirmation under the penalties of perjury that the facts stated herein are true |
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| REQUIRED SIGNATURE Signa (In accordance constitutes a tl am aware that constitutes a tl \$125.00 Filling Fee for A \$ 30.00 Certified Copy (| e must be specific and cannot be more than five business days prior to or y. E: ture of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this docum affirmation under the penalties of perjury that the facts stated herein are true at any false information submitted in a document to the Department of State arid degree felony as provided for in s.817.155, F.S.) TRACIA LANDLEY-SMALL Typed or printed name of signee Filing Fees: rticles of Organization and Designation of Registered Agent Optional) |
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-