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C	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: <u>Trooical Rain Forest Labs ILC</u> Name of I	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:
Clara Blanca	Name of Person
Perez Labs Inc	Firm/Company
	x niv company
17160 SW 138 Ct	
	Address
Miami, FL 33177	
	City/State and Zip Code
taxes6@hotmail.com E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, p	please call:
Jaime Partiesat	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee Certificate of Status	c S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Address</u>	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Taltahassee, FL 32314	Clifton Building 2661 Executive Center Circle
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## ARTICLES OF ORGANIZATION FOR FLOREDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Tropical Rain Forest Labs LLC.		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	Nº Tan
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	3 O
Principal Office Address:	Mailing Address:	1.20
13816 SW 142 Avenue Suite 28 Miami, FL 33186-7318	13816 SW 142 Avenue Suite 28 F	

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 Fiorida street address of the registered agent are:

Clara Blanca	
NE	ine
17160 SW 138 Ct	
Florida street address (P.O.)	Box NOT acceptable)
Miami	FL 33177
City	Zip

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..

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

*AMBR - Authorized Member *MGR - Manager AMBR	Title:	Name and Address:
AMBR       Clara Blanca         117150 SW 138 C1       Miani, FL 33177         AMBR       Jaime Pareades         13255 SW 83 Ave       Miami, FL 33156         (Use attachment if necessary)       Miami, FL 33156         (Use attachment if necessary)       (OPTIONAL)         reflective date, if other than the date of Hing:       (OPTIONAL)         n affective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a list of filing.)         TICLE VI: Other provisions, if any.         Exputive of T member or an authorized representative of a member.         Author of 00 (1) (b), Florids Statutes, the execution of this document constitutes an affermation submitted in a document to the Department of State constitutes at third degree leiony as provided for in g171.155, F.S.)         MAME       MAME         MAME       Mamber J.T.S.         Ying Fees:       Kling Fees:		
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13255 SW 83 Ave         Miami, FL 33156         (Use attachment if necessary)         (Use attachment if necessary)         CICLE V: Effective date, if other than the date of filing:	AMBR	Jaime Paredes
Miami, FL 33156		
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:		
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5 5.00 Certificate of Status (Optional)

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