

L15000065253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

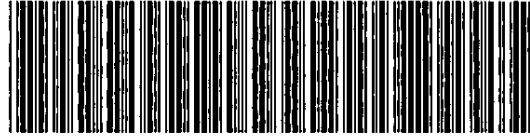
(Document Number)

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

Letter of consent  
Special Instructions to Filing Officer: *attached*

Called 4/15/15 left message  
Eric returned my call 4/15 OK to remove eff date  
nyc

Office Use Only



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L15-65253

03/23/15--01025--007 \*\*125.00

15 MAR 2015 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR 15 2015

N. CAUSSEAU

March 1, 2015

*Florida Department Of State*  
Division Of Corporations

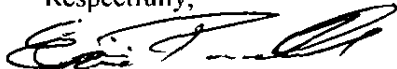
Subject: Tropical Property Investment Group, LLC.

Dear Sir/Ms:

I, Eric Purcell former owner of: Tropical Property Investment Group, LLC.  
Registration L13000171055 acknowledge that I will not revoke the  
Dissolution on this LLC.

I have made application and will be filing for a new Limited Liability Company  
and request the use of the name: Tropical Property Investment Group, LLC.  
to be used as my new Limited Liability Company.

Respectfully,



Eric Purcell  
Owner  
Manager

Cc: File Copy  
Encl: Articles/LLC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TROPICAL PROPERTY INVESTMENT GROUP 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:

ERIC PURCELL  
Name of Person

\_\_\_\_\_  
Firm/Company

2711 TAMIAMI TRAIL UNIT C  
Address

PORT CHARLOTTE, FLORIDA 33952  
City/State and Zip Code

Djsus2000@yahoo.com (Djsus2000@yahoo.com)  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC PURCELL at ( 941 ) 628-4494  
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

FILED  
15 MAR 20 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPICAL PROPERTY INVESTMENT GROUP 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:

2711 TAMiami TRAIL UNIT C  
PORT CHARLOTTE, FLORIDA 33952

2711 TAMiami TRAIL UNIT C  
PORT CHARLOTTE, FLORIDA 33952

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:

ERIC PURCELL  
Name

2711 TAMiami TRAIL UNIT C  
Florida street address (P.O. Box **NOT** acceptable)

PORT CHARLOTTE                      FL    33952  
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..*

  
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:**

ERIC PURCELL

2711 TAMiami TRAIL UNIT C

PORT CHARLOTTE, FLORIDA 33952

AMBR

OREN SCHNEIDEROVITCH

2711 TAMiami TRAIL UNIT C

PORT CHARLOTTE, FLORIDA 33952

\_\_\_\_\_  
\_\_\_\_\_  
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(Use attachment if necessary)

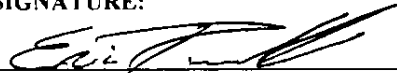
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

ERIC PURCELL

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)

FILED  
15 MAR 28 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA