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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
TROPICAL MIXX, LLC**

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

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ARTICLE I

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Name of the Limited Liability Company shall be: **TROPICAL MIXX,
LLC**

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

ARTICLE III

The mailing address is 4447 LAKE LUCERNE CIRCLE, WEST PALM BEACH, FL 33409 and street address of the principal office of the limited liability company is: 5756 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33417

ARTICLE IV

The name of the Manager(S) shall be:

NADIA T. DOOKHI
4447 LAKE LUCERNE CIRCLE
WEST PALM BEACH, FL 33409

RICARD D. COX
4447 LAKE LUCERNE CIRCLE
WEST PALM BEACH, FL 33409

ARTICLE V

The name and Florida street address of the registered agent shall be:

NADIA T. DOOKHI
4447 LAKE LUCERNE CIRCLE
WEST PALM BEACH, FL 33409

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TROPICAL MIXX, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Nadia Dookhi

Signature of Registered Agent

Nadia Dookhi

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.)

NADIA T. DOOKHI

Typed or printed name signee