

L16000121501

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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16 JUN 28 PM 4:48

CALLAHAN, J. L.

**FLORIDA LIMITED LIABILITY CO.
TROPICO I & E LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPICO I & E 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:

3201 BLUE LAGOON DR.
STE. 941
MIAMI, FL 33126

Mailing Address:

3201 BLUE LAGOON DR.
STE. 941
MIAMI, FL 33126

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:

CABANAS & ASSOCIATES PA

Name

10520 N.W. 26TH STREET STE. C-201

Florida street address (P.O. Box NOT acceptable)

DORAL

FL

33172

City

State

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

AMBR

Name and Address:

ANDREA NUNEZ

5201 BLUE LAGOON DR. STE. 941

MIAMI, FL 33126

MGR

GUSTAVO GUTNAND

5201 BLUE LAGOON DR. STE. 941

MIAMI, FL 33126

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes.
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.

ANDREA NUNEZ

Typed or printed name of signer

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