8/24/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000210446 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: BUSINESS FILINGS Account Number : 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

FLORIDA LIMITED LIABILITY CO.

Tropical Delight West Indian Restaurant LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

FAX AUDIT# HILLOCORIO446 3

## ARTICLES OF ORGANIZATION OF Tropical Delight West Indian Restaurant LLC

2016-08-24 11:58:45 CST

**ARTICLE I** 

NAME

The name of the limited liability company is: Tropical Delight West Indian Restaurant LLC

ARTICLE II

**ADDRESS** 

The principal place of business and mailing address of this Limited Liability Company shall be: 3924 W Silver Springs Blvd, Ocala, Florida 34482.

## ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: Date: August 15, 2016
Mark Williams, A.V.P. Business Filings Incorporated

## ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Kenrick Getfield, 3924 W Silver Springs Blvd, Ocala, Florida 34482

FAX AUDIT # 4/4000210446 3

24 AH 9: 15 ARY OF STATE FAX AUDIT # \_\_\_\_\_ H160002104463

**ARTICLE V** 

**DURATION** 

The duration for the limited liability company shall be: Perpetual.

Kenrick Getfield, Organizer

Date: 9/19/14

Authorized Representative

(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.)

16 AUG 24 AM 9: 15
SECRETARY OF STATE
TAIL ABARCETE FOR STATE

FAX AUDIT # # 16000210446 3