

**L16000164487**

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

From:  
Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

**\*\*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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**FLORIDA LIMITED LIABILITY CO.  
Tropeka Products LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION**

**OF**

**Tropeka Products LLC**

**ARTICLE I - NAME**

The name of this Limited Liability Company is Tropeka Products LLC.

**ARTICLE II - DURATION**

The period of duration of this Limited Liability Company shall be perpetual from the date of the issuance of a Certificate of Organization from the State of Florida.

**ARTICLE III - PRINCIPAL OFFICE / MAILING ADDRESS**

The principal place of business shall be:

490 Northeast 5th Avenue, #4717  
Fort Lauderdale, FL 33301

and the mailing address of this Company is:

490 Northeast 5th Avenue, #4717  
Fort Lauderdale, FL 33301

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**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Limited Liability Company is 3732 Northwest 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311 and the name of the initial Registered Agent of this Limited Liability Company at that address is Filings, Inc. a Florida Corporation.

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***ARTICLE V - MANAGEMENT***

The management of this Limited Liability Company is reserved to the Members of the Company, in proportion to their contributions to the capital of this Limited Liability Company. The power to adopt, alter, amend or repeal the regulations of this Limited Liability Company shall be vested in the Members of the Company.

The Authorized Member or the Authorized Members as appointed by the Members of this Limited Liability Company shall be authorized to manage and control this Limited Liability Company. Unless earlier reaffirmed, revised, revoked or cancelled by the Members of this Limited Liability Company, this Authority shall be cancelled 5 years from the date of the issuance of a Certificate of Organization from the Secretary of State of the State of Florida.

The name and address of the Authorized Member is:

Robert Bettencourt  
490 Northeast 5th Avenue, #4717  
Fort Lauderdale, FL 33301

***ARTICLE VI - MEMBERS***

This Limited Liability Company has one Member whose name and address is:

Robert Bettencourt  
490 Northeast 5th Avenue, #4717  
Fort Lauderdale, FL 33301

No additional Members shall be admitted unless all Members, (including any additional Members, other than original Members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

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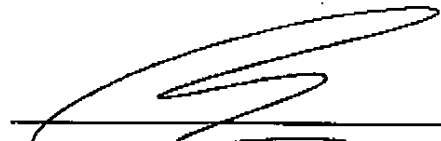
The death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member, or the occurrence of any event which terminates the continued membership of a Member of this Limited Liability Company, shall terminate this Company, unless, the remaining Members shall unanimously agree to continue the business of the Company, in which event, this Company shall not so terminate.

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization on the date of signing.

Dated: September 6, 2016

Filings, Inc.

By Robert Hayden, Vice-President



Authorized Representative  
of a Member

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Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 605.0201, Florida Statutes, the following is submitted:

First that, Tropeka Products LLC desiring to organize or qualify under the law of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3732 Northwest 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311 as its agent to accept process of service within Florida.

Dated: September 6, 2016

Filings, Inc.

By Robert Hayden, Vice-President

Authorized Representative  
of a Member

Having been named to accept process of service for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: September 6, 2016

Filings, Inc.

By Robert Hayden, Vice-President

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