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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. TROPICAL HOME CONTRACTING LLC

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CORP USA



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ARTICLES OF ORGANIZATION

OF

Tropical Home Contracting LLC

TÄLLAHASSEE FLORIDA

The undersigned member, for the purpose of forming a Limited Liability Company under the Laws of the State of Florida, hereby adopts the following Articles of Organization:

ARTICLE !

NAME

The name of the Limited Liabilty Company shall be:

Tropical Home Contracting LLC

ARTICLE II

PURPOSE

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

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

4383 Walden Circle

Lake Worth, FL 33463

9696889908

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Jay Magee 4383 Walden Circle Lake Worth, FL 33463

ARTICLE V

MEMBERS

The Members of the Limited Liabilty Company shall be:

Managing Member:

Jay Magee

Address:

4383 Walden Circle Lake Worth, FL 33463

The undersigned has executed these Articles of Organization this

Signature

9th day of March, 2017.

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SLUNE MAKY OF STATE TALLAHASSEE, FLORIOA

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true...

SIGNATURE

Ist Magee

TITLE _____ Managing Member

DATE ___03/09/17 _____

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILTY COMPANY AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION, 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.

SIGNATURE

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