

10/26/17

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
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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.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Geisa's Tropical Gardens, I.L.C.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
OF
GEISA'S TROPICAL GARDENS, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is GEISA'S TROPICAL GARDENS, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

15600 NW 15th Avenue
Suite C
Miami, FL 33169

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

National Registered Agents, Inc.
1200 South Pine Island Road
Plantation, FL 33324

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.

National Registered Agents, Inc., as Registered Agent

Kathryn A. Widdowson
Name: Kathryn A. Widdowson
Title: Asst. Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

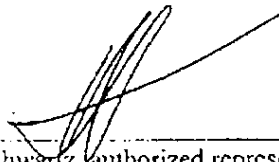
Name and Address:

MGR

Alfredo Salas
15600 NW 15th Avenue
Suite C
Miami, FL 33169

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on October 26, 2017.



Andrew Schwartz, 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. 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 Section 817.155, Florida Statutes.)

Andrew Schwartz
Typed or printed name of signee