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COVER LETTER

O: Registration Section Division of Corporations	•
Tropical Distillers LLC	
SUBJECT: Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s)) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Joseph Rosselet	
Name of Person	
Tropical Distillers	- 116
Firm/Company	
3123 Commerce Parkway	
Address	
Miramar, Fl. 33025	
City/State and Zip Code	
Joer@oceanair.aero	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter.	, please call:
Joseph Rosselet	714 307-2330 at ()
Name of Person	Area Code Daytime Telephone Number

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority:	605.0302(1), Florida Statutes, this limited liability company submits the follo	wing statement of
FIRST: The name	of the limited liability company is:	
SECOND: The Fl	orida Document Number of the limited liability company is:	
	et address of the limited liability company's principal office is:	2021 SEP -7
3123 Con	nmerce Parkway	7
Miramar,	FL 33025	
	iling address of the limited liability company's principal office is:	– . کلا ن من بن
Miramar,	FL 33025	<u> </u>
position of a person person on the follo 1. May	statement of authority grants or sets limitations of authority on all persons havin in a company, whether as a member, transferee, manager, officer or otherwisewing: execute an instrument transferring real property held in the name of the company. Andrew Siegel and Joseph Rosselet	se or to a specific
ł	b. No authority granted to: Buzzy Sklar	
	enter into other transactions on behalf of, or otherwise act for or bind, the cora, Granted to: Andrew Siegel and Joseph Rosselet	mpany.
1	b. No authority granted to: Buzzy Sklar	_ _ _
	Joseph Rosselet	
Signature of autho	rized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	: of signature

CR2E138 (2/14)