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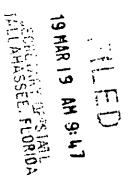
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N CULLIGAN 1 ---3-21-19

COVER LETTER

TQ: New Filing Section Division of Corporations	
SUBJECT: Tropical BRANDING CO, LLC. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
J. Alan Andrews Name of Person	
TRIDICAL BRANDING CO, LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·
15424 Yale DRIVE Address	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
J. Alan Andrews at (239) 691-9272 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing S160.00 Filing Certified Copy (additional copy is	atus &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2019

J. ALAN ANDREWS 15424 YALE DRIVE FORT MYERS, FL 33908

SUBJECT: TROPICAL BRANDING CO, LLC.

Ref. Number: W19000024746

We have received your document for TROPICAL BRANDING CO, LLC, and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 119A00005106

FAX: 850-245-6804

ARTICLES OF ORGANIZATION FOR FLORIDA LIMI	HED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
TROPICAL 3 RANDING LLC (Must contain the words "Limited Liability Comp	sany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	
Principal Office Address:	Mailing Address:
15424 YALE DR FORT MYERL, FL 33908	
ARTICLE III - Registered Agent, Registered Office, & Registered a (The Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.)	Agent's Signature: ent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
J. Alan Andrew Name	SS 9 1
11,424 Yale DR. Florida street address (P.O. Box NO FT Myes T1 City State	OT acceptable)
₩ T (M./ As/ 1.4	

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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	Title:	Name and Address:	
	"AMBR" = Authorized Member "MGR" = Manager	J. A.	
	AM3R	AJAWA M. Andrews 15424 Yak DR FT. Myses, FL 33908	
			6 K
ARTIO	(Use attachment if necessary) CLE V: Effective date, if other than the date of fi	Iling: MARIU J ZAIQ (OPTIONALPS	19 M 9:1
the dat <u>Note:</u>	te of filing.)	the applicable statutory filing requirements, this date will not late's records.	
ARTIC	CLE VI: Other provisions, it any.		
			
	REQUIRED SIGNATURE:	24-	
	This document is executed in I am aware that any false info	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Acticles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

3.5