

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L19000129013  
FILED 8:00 AM  
May 13, 2019  
Sec. Of State  
btmitchell

**Article I**

The name of the Limited Liability Company is:

TROPICAIRE HOLDINGS 6304, LLC

**Article II**

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

4240 W. PRICE BLVD.  
NORTH PORT, FL. 34286

The mailing address of the Limited Liability Company is:

4240 W. PRICE BLVD.  
NORTH PORT, FL. 34286

**Article III**

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

HOLLY M NIKOLICH  
1330 MAIN STREET, 2ND FLOOR  
OFFICE 15  
SARASOTA, FL. 34236

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.

Registered Agent Signature: HOLLY NIKOLICH

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ROBERT D BAUER  
4240 W. PRICE BLVD.  
NORTH PORT, FL. 34286

Title: AMBR  
JOHN L BAUER  
4240 W. PRICE BLVD.  
NORTH PORT, FL. 34286

Title: AMBR  
JOSEPH S NEWHALL  
5950 WATLING RD.  
BARRYTON, MI. 49305

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Signature of member or an authorized representative

Electronic Signature: ROBERT D. BAUER, AUTHORIZED MEMBER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.