

Division of Corporations

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Division of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I2003000C061
Phone : (239) 948-1823
Fax Number : (239) 948-1826

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: vadsem@yahoo.com

FLORIDA LIMITED LIABILITY CO.**Tropical State Holdings, LLC**

Certificate of Status	0
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JUN 28 2019

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ARTICLES OF ORGANIZATION
OF
TROPICAL STATE HOLDINGS, LLC

ARTICLE I – NAME

The name of the limited liability company is Tropical State Holdings, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
4807 Redwood Terrace
North Port, Florida 34286

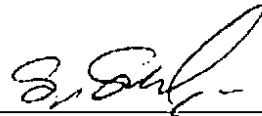
Mailing Address:
4807 Redwood Terrace
North Port, Florida 34286

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Svetlana Semenyuk
4807 Redwood Terrace
North Port, Florida 34286

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.



Svetlana Semenyuk

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

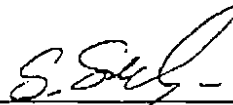
MGR

Name and Address:

Svetlana Semenyuk
4807 Redwood Terrace
North Port, Florida 34286

19 JUN 27 11:13 AM '19

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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 s.817.155, F.S.

Svetlana Semenyuk

Typed or printed name of signee

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