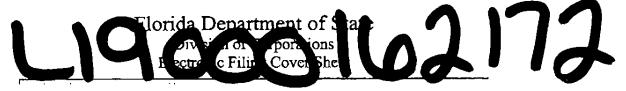
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061 : (239)948-1823 Phone 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 Properties IV, LLC

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Certificate of Status	0_
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ARTICLES OF ORGANIZATION OF TROPICAL STATE PROPERTIES IV, LLC

ARTICLE I - NAME

The name of the limited liability company is Tropical State Properties IV, 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:

Tropical State Holdings, LLC. 4807 Redwood Terrace North Port, Florida 34286 OI9 JUL -1 AM 9: 3. SECRETARY OF STATE LLAHASSEE, FLORID

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.

TROPICAL STATE HOLDINGS, LLC, a Florida limited liability company

Svetlana Semenyuk

Its: Manager

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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:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Tropical State Holdings, LLC 4807 Redwood Terrace North Port, Florida 34286

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 Scmenyuk

Typed or printed name of signee