## L19000 290 726

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (During Fall Alama)                     |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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## **COVER LETTER**

| TO: New Filing Section Division of Corporations   |     |
|---|-----|
| SUBJECT: Tropic Hut LLC  Name of Limited Liability Company  |     |
| 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:   |     |
| Robert Young Name of Person   |     |
|   |     |
| Tropic Hut LLC  |     |
| Firm/Company  |     |
| 11191 SE 55th Avenue Rd Unit 501  |     |
| Address   |     |
| Belleview, FL 34420  City/State and Zip Code  trop/chut//cegmal.com   |     |
| City/State and Zip Code   | _   |
| E-mail address: (to be used for future annual report notification)  |     |
| For further information concerning this matter, please call:  |     |
|   |     |
| Robert Young at 239 810-7332  Name of Person Area Code Daytime Telephone Number   |     |
| Name of Person Area Code Daytime Telephone Number   |     |
| Enclosed is a check for the following amount:   |     |
| □\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee Certified Copy (additional copy is enclosed) | s & |
| Mailing Address Street Address  |     |
| New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee   |     |

P.O. Box 6327

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Tropic Hut LL  | C  |
|--|--|
| (Must conatin the words "Limited Liabil  | lity Company, "L.L.C.," or "LLC.")                 |
| ARTICLE II - Address: The mailing address and street address of the principal office | of the Limited Liability Company is:               |
| Principal Office Address:  | Mailing Address:                                   |
| 11191 SE 55th Avenue Rd  | 11191 SE 55th Avenue Rd<br>Unit 501, Relleview, FL |
| Unit 501, Belleview, FL  |  |
| 3442 <i>0</i>  | 34420  |

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

Registered Agents Inc.

Name

7901 4th St N STE 300,

Florida street address (P.O. Box NOT acceptable)

St. Peters burg FL 33702

City State Zip

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.

Registered Agent's Signature (REQUIRED

(CONTINUED)

19 DEC 10 AM 9: 41

| REOURED 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.  | Title:   | Name and Address:  |
|---|--|--|
| MGR    Robert Young   11191 SF 55th Avenue Rd Unit 50    Heather Young   11191 SF 55th Avenue Rd Unit 50    Heather Young   11191 SE 55th Avenue Rd Unit 50    AMBR   | "AMBR" = Authorized Mem  | ber  |
| MGR  Heather Young  Heather Heather Young  Heather Heather Heather  Heather Heather Heather  Heather Heather  Heather Heather | - · · · · · · · · · · · · · · · · · · ·  | Olyman Vorman  |
| Heather Young   Heather Youn  | MGR  | KODELL LOUND BY HALL POL   |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or wh 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.  |  | HATISE 33, FL 34450  |
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| (Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:  |  |  |
| (Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:  | 1 MBD  | Arisanna Young   |
| CLE V: Effective date, if other than the date of filing:  | Thechr   | TUGI SE 55th Avehue Red Chief 501  |
| CLE V: Effective date, if other than the date of filing:  |  | <del></del>  |
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| constitutes a third degree felony as provided for in \$.817.133, r.s.   | effective date is listed, the date to of filing.)  If the date inserted in this blo ocument's effective date on the CLF. VI: Other provisions, if an REQUIRED SIGNATUR   | ck does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.  E:  Add Add authorized representative of a member.   |
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| Kobert Joung  | effective date is listed, the date to of filing.)  If the date inserted in this blo ocument's effective date on the CLE VI: Other provisions, if an REOURED SIGNATUR  Sign. This documents of the date | ck does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.  E:  ature of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155. F.S.  |
| Lyped or printed name of signee   | effective date is listed, the date of filing.)  If the date inserted in this blo comment's effective date on the CLE VI: Other provisions, if an REOURED SIGNATUR  Sign. This docur  | ck does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.  E:  ature of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155. F.S.  |
| Filing Fees:  | effective date is listed, the date of filing.)  If the date inserted in this blo cument's effective date on the CLE VI: Other provisions, if an REOURED SIGNATUR  Sign. This documents of the date of  | et does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.  E:  ature of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155. F.S.  Repert Young  Typed or printed name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)