-9/1/2021

Division of Corporations

Florida Department of State

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.

(((H21000326962 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : 120070000033 Phone : (305)649-7040

Fax Number

: (305)643-3237

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

FLORIDA LIMITED LIABILITY CO. TROPICAL FARMERS INVESTMENT LLC

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Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/1

TO: New Filing Section
Division of Corporations

9-Sep-2021 10:15

SUBJECT: TRopical Farmers Investment LLC

The enclosed Articles of Organization and feets rare submitted for filling.

Please return all correspondence concerning this matter to the following:

tha Isabel Argica
Paraz Arche and According 3 TAX Services
4011 W. Flagler St Ste 501
Coral Gables, FL 33134
City/State and Zip Code Comparison City/State and Zip Code

For further information concerning this matter, prease call:

Ana Tsabel Araica 305 244-6184

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □ \$130.00 Fi

☐ \$130.00 Filing Fea & Centificate of Status

☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

,)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F.C. 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPICAL FARMER INVESTMENT LLC.

(Mult contain the words "Limited Liability 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:

8195 N Hilitary Teial 4011 W. Flogler 34
West PAIN beach, FL 33410 Coral Cable, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ICALO TEOPEI HADICO

4011 W. Flacter st. stc 501

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

Coral Gable FL 33134

City State Zip

Having been named as registered ageny and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby 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..

Registyred Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- The name and address of each person	in ruth ofized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Momber "MGR" = Manager	Tame Antonio Cyadra
Amara	Miami-FL 33 Mb
X.21.1.1(a.).3.3	Coral Cables, FL 33134
date of filing.)	e specific and cannot be afore than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
RTICLE VI: Other provisions, it any.	ase odd &IN 87-2446739
REQUIRED SIGNATE RE:	America
This document is en-	false information submitted in a document to the Department of State ergres idlony as provided for in s.817.155, F.S.
	Typed or printed name of signee

Filing Fres:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

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IRS DEPARTMENT OF THE TERASURY INTERNAL REVENUE SERVICE CONCINUATE OH 45:99-0023

Date of this notice: 09-01-2021

Employer Identification Number:

87-2446739

Form: SS-4

Number of this notice: CP 575 $i_{\rm c}$

TROPICAL FARMESS INVESTMENT LLC JAIME ANTONIO TUADPA MER 8195 N MILITARY TRIAL STE 1 WESTPAIM BEACH, FL 33410

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AM SYPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-2446739. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no engacyees. Flease keep this notice in your permanent records.

When filing tax deruments, payments, and related correspondence, it is very important that you use your ETM and complete dame and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned note than one BIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Pased on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification of Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing 8 corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the 8 corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice; visit our Web site at www.irs.gov. If you do not have access to the Internet, call: 1-800-829-3676 (TTY/TOC 1-809-829-4759) or visit your local IRS office.

(IRS USE ONLY) 5756

09-01-2021 TROP B 999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- . Use this BIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this FIN on voin tex-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shows at the cop of this notice. If you write, please tear off the stub at the bottom of this notice and coud it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control association with this EIN is TROP. You will need to provide this information, along with your FIM, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. ______

CP 575 B (Rev. 7-2007,

Return this part, with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B 9999999999

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Your Telephone Number Rest Time to Call DATE OF THIS NOTICE: 09-01-2021 ()

EMPLOYER IDENTIFICATION NUMBER: 87-2446739 NOBOD

FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 159:9-0023 kd, dalalala, la klastida Harrida and la Hallalad TROPICAL FARMERS INVESTMENT LLC., JAIME ANTONIO CUADRA MBR 1 8195 N MILITARY TRIAL STE L WESTPALM BEACH, FL 33410