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Florida Department of State
Division of Corporations
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Email Address: **jasond@5dtropical.com**

**FLORIDA LIMITED LIABILITY CO.
5-D Tropical Midwest, LLC**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**The name of the Limited Liability Company is: **5-D TROPICAL MIDWEST, LLC****ARTICLE II - Address:**

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

6507 Bob Head Road
Plant City, Florida 33565**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

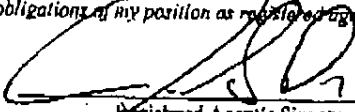
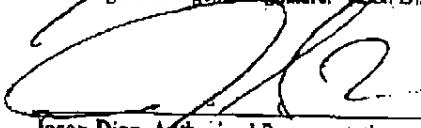
Jason Diaz

Name

6507 Bob Head RoadFlorida street address (P.O. Box **NOT** acceptable)Plant City, Florida 33565

City, State, and 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: Jason Diaz
Jason Diaz, Authorized Representative

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jason Diaz

Typed or printed name of signer

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