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D. O'KEEFE MAR - 1 2023

COVER LETTER

	ew ruing Section ivision of Corporations			
SUBJECT	Tropical Screnity LLC			
3003201		Limited Liabi	lity Company	
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the	following:	
	Shanda F Lasala			
		Name o	Person	
	Lasala Legacy Management			
		Firm/Co	ompany	
	10102 Brandon Circle			
		Add	ress	
	Orlando FL 32836			
		City/State ar	nd Zip Code	· · · · · · · · · · · · · · · · · · ·
-	Lasalalegacy@gmail.com E-mail address: (to be use	ed for future	annual report notificat	ion
For further in	information concerning this matter, plea			
	Shanda Lasala	407	793-4510	
		Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amount:			
	Filing Fee Stylo, No Fling Fee Centificate of Status	& □\$15 Certif (addition	5.00 Filing Fee & ed Copy (al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Di The Centre of Tallala	
	P.O. Box 6327		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tropical Screnity LLC	•		
(Must contai	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
TICLE II - Address:			
mailing address and street add	dress of the principal of	office of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
10102 Brandon Circle		1010	02 Brandon Circle
Orlando, FL 32836		Orla	ndo, FL 32836
Limited Liability Company c	annot serve as its own	& Registered Agent.	nt's Signature:
ner business entity with an ac	annot serve as its own tive Florida registration	& Registered Agent. on.)	nt's Signature:
Limited Liability Company c	annot serve as its own tive Florida registration ddress of the registered	& Registered Agent. on.)	
Limited Liability Company c ner business entity with an ac	annot serve as its own tive Florida registration	& Registered Agent. on.)	nt's Signature:
Limited Liability Company c ner business entity with an ac	annot serve as its own tive Florida registration ddress of the registered	& Registered Agent. (a) On.) d agent are:	nt's Signature:
Limited Liability Company c ner business entity with an ac	annot serve as its own etive Florida registration ddress of the registered Shanda F Lasala	& Registered Agent. (a Registered Agent. (b Din.)) d agent are: Name	nt's Signature: You must designate an individual
Limited Liability Company c ner business entity with an ac	annot serve as its own etive Florida registration ddress of the registered Shanda F Lasala 10102 Brandon Circ	& Registered Agent. (a Registered Agent. (b Din.)) d agent are: Name	nt's Signature: You must designate an individual

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)

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ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Membe		
"MGR" = Manager		
<u>MGR</u>	Anthony Lasala 10102 Brandon Circle	
	Orlando, Fl. 32836	
MGR	Shanda Lasala	
 	10102 Brandon Circle	
	Orlando, FL 32836	
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(Use attachment if necessary)		
,		
If an effective date is listed, the date municiple date of filing.)	the date of filing:	
RTICLE VI: Other provisions, if any.		
	1	
REQUIRED SIGNATURE:		
	n// M/ (AMU/	
	of a member or an authorized representative of a member.	
I his document	executed in accordance with section 605.0203 (1) (b). Florida Statutes, ny false information submitted in a document to the Department of State	
constitutes a thi	degree felony as provided for in s.817.155, F.S.	
	Anthony 695a/a Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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