

3/31/23, 10:25 AM

Division of Corporations

L23000149972

Florida Department of State
Division of Corporations
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From:

Account Name : THERREL BAISDEN, LLP
Account Number : 120140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

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

Email Address: NDaniels@TherrelBaisden.com

FLORIDA LIMITED LIABILITY CO.
Tropicaire Advisory LLC

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ARTICLES OF ORGANIZATION
FOR
TROPICAIRE ADVISORY, LLC

ARTICLE I
Name

The name of the Limited Liability Company is **TROPICAIRE
ADVISORY, LLC.**

ARTICLE II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: address of the principal office of the Limited Liability Company is: 9769 S Dixie Highway Suite 103 Miami, FL 33156.

ARTICLE III
Duration

This Limited Liability Company shall have an indefinite duration, unless dissolved according to its Operating Agreement or the law, commencing on the 31st day of MARCH, 2023.

ARTICLE IV
Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be One SE 3rd Avenue, Suite 2950, Miami, Florida 33131, and the name of the initial registered agent of the Limited Liability Company at that address is Nicholas M. Daniels.

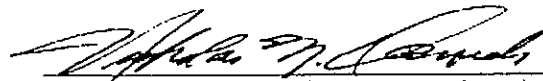
ARTICLE V
Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

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The undersigned authorized representative of the members of TROPICAIRE ADVISORY, LLC, hereby executes these articles of organization on this 31st day of MARCH, 2023.



Nicholas M. Daniels, authorized
representative

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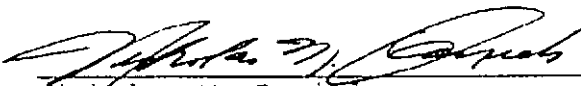
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **TROPICAIRE
ADVISORY, LLC.**
2. The name and the Florida street address of the registered
agent and office are:

Nicholas M. Daniels
One SE 3rd Ave, Suite 2950
Miami, Florida 33131

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.


Nicholas M. Daniels

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