## 1230055635

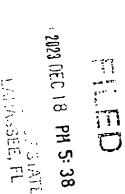
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

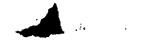


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## COVER LETTER

	New Filing Section Division of Corporations					
SUBJEC	Tropical Fruits and Honey, LLC					
30032.0	Name of Lim	ited Liability Company				
The enclo	osed Articles of Organization and fee(s) are	submitted for filing.				
Please ret	urn all correspondence concerning this ma	tter to the following:				
	Rochan Premraj					
		Name of Person				
	TROPICAL F	RUITS AV)	HONEY LLC.			
	16401 Hanna Rd					
		Address				
	Lutz, FL 33549					
	C mrspremraj@gmatt.com 0.7P\P.	ity/State and Zip Code	1 . C a m			
	E-mail address: (to be used	or future annual report notification	ion)			
For further	information concerning this matter, please					
	Rochan Premraj 81	3 713-2424				
		rea Code Daytime Telephon	e Number			
Enclosed	is a check for the following amount:					
□\$125.0	00 Filing Fee	☐\$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	Street Address New Filing Section D The Centre of Tallah				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OFC 19 PH 5: 38

The name of the Limited Liability Company is:	, 2023 DEC 10 111 3	
Tropical Fruits & Honey, LLC	ility Company, "L.L.C.," or "LLC.")	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office		
Principal Office Address:	Mailing Address:	
16401 Hanna Rd, Lutz, FL 33549	Same	
<del></del>	<del>-</del>	
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)		

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

Rochan Premraj					
	Name				
16401 Hanna Rd					
Florida street ad	dress (P.O. Box <u>NOT</u> ac	ceptable)			
Lutz	FL	33549			
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..

(CONTINUED)

Registered Agent's Signature (REQUINED)

Title: "AMBR" = Authorized Member "MGR" = Manager  The Manager	Name and Address:  Name and Addr
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
y Noh	
This document is executed an aware that any fals	ember or an authorized representative of a member, and in accordance with section 645.0203 (1) (b), Florida Statutes, we information submitted in a document to the Department of State refelony as provided for in s.817.155, F.S.  A PREMARY  Typed or printed name of signee
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optio	Filing Fees: rganization and Designation of Registered Agent nal)

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

ARTICLE IV-