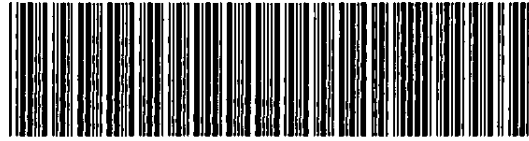


M11000006067



200214569242

12/02/11--01021--023 **260.00

(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

FILED
2011 DEC -2 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
DEC -5 2011
EXAMINER

THE DORCEY LAW FIRM, PLC

Joshua O. Dorcey, Esq.
Estate Planning, Business Planning,
Asset Protection & Litigation

November 30, 2011

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: VILLA TROPICAL BREEZE, LLC and TROPICAL HURRICANE, LLC

To Whom It May Concern:

Please find attached the Cover Letter, Application By Foreign Limited Liability Company, Certificate of Designation of Registered Agent/Registered Office, Certificate of Organization, and a check for the above listed Limited Liability Company filing fees and Certificate of Status.

If you have any questions or concerns, please feel free to contact the office at the information provided at the bottom of this letter.

Sincerely,



Kristine Papp,
Paralegal to Joshua O. Dorcey, ESQ.

Enclosures: ck#: 1163

2011 DEC -2 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILLA TROPICAL BREEZE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

JOSHUA O. DORCEY

Name of Person

THE DORCEY LAW FIRM, PLC

Firm/Company

10181 SIX MILE CYPRESS PKWY.; STE. C

Address

FORT MYERS, FLORIDA 33966

City/State and Zip Code

JOSH@DORCEYLAW.COM

E-mail address: (to be used for future annual report notification)

FILED
2011 DEC -2 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSHUA O. DORCEY

Name of Person

at (239)

418-0169

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Villa Tropical Breeze, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Villa Tropical Breeze of SW Florida, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Wyoming (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. November 25, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8625 East Horton Road Blissfield, MI 49228 (Street Address of Principal Office)

FILED 2011 DEC -2 PM 2:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows: Bruce Porter Pamela Porter 8625 East Horton Road 8625 East Horton Road Blissfield, MI 49228 Blissfield, MI 49228

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any and all Lawful Purpose

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

(In accordance with section 608.408(3), F.S., 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.)

JOSHUA O. DORCEY Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Villa Tropical Breeze, LLC

If unavailable, the alternate to be used in the state of Florida is:

Villa Tropical Breeze of SW Florida, LLC

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

The Dorsey Law Firm, PLLC
(Name)

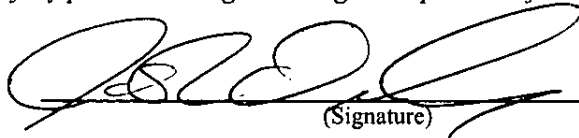
10181 Six Mile Cypress Pkwy Ste 100
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Fort Myers FL 33966
City/State/Zip

2011 DEC -2 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 608, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Villa Tropical Breeze, LLC

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **25th** day of **November, 2011**.



Filed Date: 11/25/2011

FILED
2011 DEC -2 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Max Maxfield
Secretary of State

By: Beth All