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2011 DEC -2 PM 2: 34
SECRETARY OF STATE

J. BRYAN
DEC - 5 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TROPICAL HURRICANE, 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
TO 181 SIX MILE CYPRESS PKWY.; STE. C Address FORT MYERS, FLORIDA 33966 City/State and Zip Code JOSH@DORCEYLAW COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSHUA O. DORCEY at (239 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Person 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: \$\int_{\$125.00 \text{ Filing Fee}} \$130.00 \text{ Filing Fee & Certificate of Status} \$\int_{\$Certificate \text{ Certified Copy}} \$155.00 \text{ Filing Fee & Certified Copy} \$\int_{\$0.00 \text{ Filing Fee, Certified Copy}} \$\int_{\$0.00

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: "Limited Liability Company," "L.L.C.," or "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.") (Jurisdiction Inder the law of which foreign limited liability company is organized) (FEI number, if applicable) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 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: Uny Lawful 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.)

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:	=
Tropical Harricane, LIC 35 2	m
If unavailable, the alternate to be used in the state of Florida is:	; O
Tropical Hurricane of SW Florida, LICES	
2. The name and the Florida street address of the registered agent and office are:	
to the Dorcey Law Firm, AC	
(Name)	
10181 Six Mile Cypress Pkwy. Str. C Florida Street Address (P.O. Box NOT ACCEPTABLE)	
fort Myers FL 33966 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 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

Tropical Hurricane, 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.

FILEU 2011 DEC -2 PM 2: 34 SECRETARY OF STATE ARE AHASSEE, FLORIDA



Filed Date: 11/25/2011

May Maffield Secretary of State

By: Beth All