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(Re	equestor's Name)				
(Ad	ldress)				
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PICK-UP	☐ WAIT	MAIL			
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(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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16 JAN 25 PH 2: 38

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W16-2557



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2016

TERRY S BULLARD 1014 KARLEE BLVD LOGANVILLE, GA 30052

SUBJECT: TROPICAL HOLDINGS, LLC

Ref. Number: W16000002557

2016 JAN 25 PH 12: 52

We have received your document for TROPICAL HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yaşemin Y Sulker Regulatory Specialist II

Letter Number: 016A00000946

COVER LETTER

		ration Section on of Corporation	ns				
SUBJEC		ropical Holdings, l					
SOBOLI			Name of	Limited Liability	Company		
The enclose Existence	osed "/ e, and o	Application by For check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ition to Tra ted liabilit	ansact Business in Florida," C y company to transact busines	Certificate of ss in Florida
Please re	eturn al	l correspondence o	oncerning this matter to the	following:			
		Terry S. Bullar	d				
		···	N	ame of Person			
		Tropical Holdin	ngs, LLC				
			F	irm/Company			
		1014 Karlee Bl	vd.				
				Address			
		Loganville, GA	. 30052				
			City/S	tate and Zip Code			
		terrybullard@wi	ndstream.net		•		
			E-mail address: (to be used	d for future annual	report no	tification)	
For furth	er info	rmation concernin	g this matter, please call:				
	Terry	Bullard		770 at (354-29	02 (cell)	
	****	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle sec, FL 32301	
		neck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

n limited liability irst transacted business in Florida ons 605.0904 & 605.0905, F.S. t 8 (Street Address of Principal Off (Mailing Address) gistered agent: (P.O. Box No	OT_acceptable)	ALLANASSEE FLOR	16 JAN 25 PH 2: 3	See and See an
irst transacted business in Florida ons 605.0904 & 605.0905, F.S. t 8 (Street Address of Principal Off (Mailing Address) gistered agent: (P.O. Box Ne	a. if prior to registration.) to determine penalty liability) Tice) OT_acceptable)	ALLAHASSEE FLORI	JAN 25	general training
8 (Street Address of Principal Off (Mailing Address) gistered agent: (P.O. Box No	OT_acceptable)	ALLANASSEE FLORI	JAN 25	general training
8 (Street Address of Principal Off (Mailing Address) gistered agent: (P.O. Box No	OT_acceptable)	ALLANASSEE FLOR	JAN 25	general training
8 (Street Address of Principal Officer Address of Principal Officer Address) (Mailing Address) (gistered agent: (P.O. Box Number 1988) (ht, P.A. hnedy Blvd.	OT acceptable)	ALLANASSEE FLOR	JAN 25	general training
(Street Address of Principal Off 0052 (Mailing Address) gistered agent: (P.O. Box No cht, P.A.	OT_acceptable)	ALLANASSEE FLOR	JAN 25	general training
(Street Address of Principal Off 0052 (Mailing Address) gistered agent: (P.O. Box No cht, P.A.	OT_acceptable)	ALLANASSÉE FLOR	JAN 25	general training
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(Mailing Address) gistered agent: (P.O. Box <u>No</u> eht, P.A. nnedy Blvd.	33600	LANKSSEE FLON	JAN 25 PH 2: 5	general training
gistered agent: (P.O. Box <u>N</u> echt, P.A.	33600	HV2SEEL FLOW	H 25 PH 2: 5	general training
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(City)	, Florida(Zip code)	- 5		
accept the appointment as re ites relative to the proper and registered agent.	d complete performance of my duties,	s capacity. I	further	agree
ess of the person(s) who has/h	ave authority to manage is/are:			
lvd Loganville, GA 30052				
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organized. (If the certificate is	in a foreign language, a translation of			
	(Registered agent.) (Registered agent.)	(Registered agent.) (Registered agent's signature) (Register	descript the appointment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my duties, and I am fair registered agent. (Registered agent.) (Registered agent's signature) Its of the person(s) who has/have authority to manage is/are: Ivd Loganville, GA 30052 Ivd Loganville, GA 30052 Ivd Loganville, GA 30052 Ivd Signature of an authorized person Ivd Signature of an authorized person Iv with section 605.0203 (1) (b), Florida Statutes. I am aware that any false informant of State constitutes a third degree felony as provided for in s.817.155, F.S.	(Registered agent's signature) iss of the person(s) who has/have authority to manage is/are: Ivd Loganville, GA 30052 Ivd Loganville, GF and duly authenticated by the official having custody of records in irrganized. (If the certificate is in a foreign language, a translation of the certificate under Signature of an authorized person with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information int of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Control Number: 10006739

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia; do hereby certify under the seal of my office that

TROPICAL HOLDINGS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12513792 :01/27/2010 :Georgia :01/22/2016



Brian P. Kemp Secretary of State