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TALLAHASSEE FLORIDA

D SCOTT
MAR 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SD TROPICAL OF LOUISIANA 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:

JASON DIAZ

Name of Person

SD TROPICAL, INC.

Firm/Company

6507 BOB HEAD RD

Address

PLANT CITY, FL 33565

City/State and Zip Code

FISH@SDTROPICAL.COM

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

For further information concerning this matter, please call:

JASON DIAZ

Name of Contact Person

813

at ()

Area Code

986-4560

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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS
REGISTRATION SECTION

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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:

1. SD TROPICAL OF LOUISIANA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. LOUISIANA 3. 82-4480056
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 29656 BERRY TODD ROAD 6. 6507 BOB HEAD RD
(Street Address of Principal Office) (Mailing Address)
LACOMBE, LA 70445 PLANT CITY, FL 33565

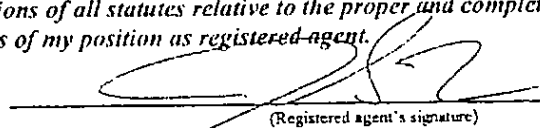
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JASON DIAZ

Office Address: 6507 BOB HEAD RD
PLANT CITY, Florida 33565
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

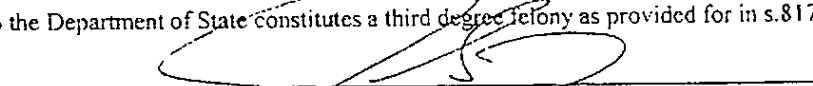
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MEMBER	JASON DIAZ 16311 DULINDALE DR LITHIA, FL 33547	MEMBER	DAMON DIAZ 6507 BOB HEAD RD PLANT CITY, FL 33565
MEMBER	STACEY REGISTER 6409 BARTON RD PLANT CITY, FL 33565		

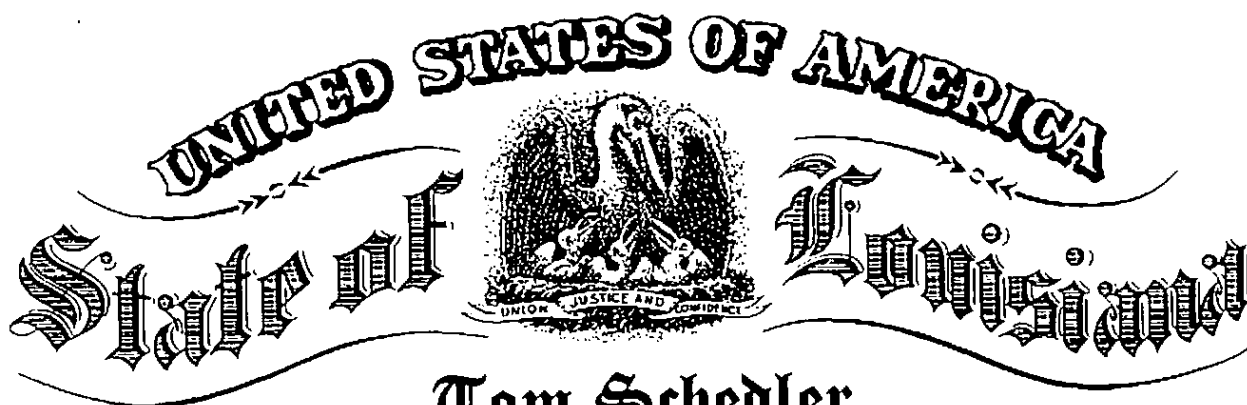
(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.


Signature of an authorized person

JASON DIAZ
Typed or printed name of signer



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

SD TROPICAL OF LOUISIANA LLC

Domiciled at LACOMBE, LOUISIANA,

Was filed and recorded in this Office on February 23, 2018,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 23, 2018

Secretary of State

WEB 42964568K



Certificate ID: 10920629#UXM73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

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