

P12000079239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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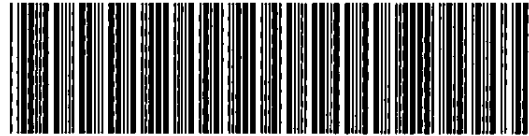
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 SEP 17 PM 5:12  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

W12-46060

K 09/18/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2012

GUY E. MOREAU  
P.O. BOX 500202  
MARATHON, FL 33050

SUBJECT: TROPICAL PROPERTIES INC.  
Ref. Number: W12000046060

We have received your document for TROPICAL PROPERTIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I -- (Name of the Corporation).

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L99000000968 (TROPICAL PROPERTIES, LLC).

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 912A00022538

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Tropical Properties Inc. (CHANGED TO) Tropical Property Rentals Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Guy E. Moreau  
Name (Printed or typed)  
P.O. Box 500202  
Address  
Marathon, Florida 33050  
City, State & Zip  
( 305 ) 393-3004  
Daytime Telephone number  
keyspropertyguy@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Tropical Property Rentals Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2 North Conch Avenue  
Conch Key, Florida 33050

Mailing address, if different is:  
P.O. Box 500202  
Marathon, Florida 33050

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To work under the direction of Keys Property Guy Inc. and manage & rent real estate in Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Guy E. Moreau / President  
Address: P.O. Box 500202  
Marathon, Florida 33050

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Guy E. Moreau  
Address: 2 North Conch Avenue  
Conch Key, Florida 33050

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Guy E. Moreau  
Address: P.O. Box 500202  
Marathon, Florida 33050

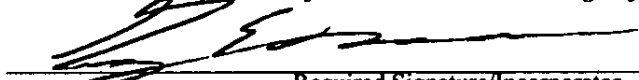
12 SEP 17 PM 5:12  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

9/13/2012  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

  
Required Signature/Incorporator

9/13/2012  
Date