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Florida Department of State
Division of Corporations
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SECRET
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
TROPICAL RESTORATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B 7/23/14

ARTICLES OF INCORPORATION OF
TROPICAL RESTORATION, INC.

The undersigned incorporation(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of this corporation shall be:

TROPICAL RESTORATION, INC.

The principal place of business of this corporation shall be:

1135 EAST MOUNTAIN DR.
WEST PALM BEACH, FL 33406

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE III CAPITAL STOCK

The aggregate numbers of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

500 SHARES OF \$1.00 EACH

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

DAVID CLINE
1135 EAST MOUNTAIN DR.
WEST PALM BEACH, FL 33406

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporations is(are):

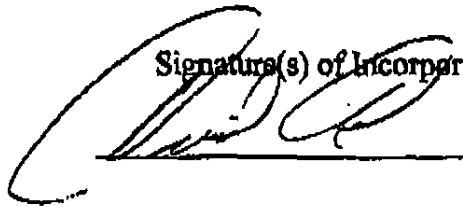
DAVID CLINE
1135 EAST MOUNTAIN DR.
WEST PALM BEACH, FL 33406

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DIVISION OF CORPORATIONS
JUL 22 2004

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22 day of JULY 2004

Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

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1. Then name of the corporation:

TROPICAL RESTORATION, INC.

2. The name and address of the registered agent and office is:

DAVID CLINE 1135 EAST MOUNTAIN DR.
(P.O. BOX NOT ACCEPTABLE)

WEST PALM BEACH, FL 33406
(CITY/STATE/ZIP)

SIGNATURE 

TITLE INCORPORATOR

DATE 7/22/2014

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 Florida Statutes.

SIGNATURE 

DATE 7/22/2014