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Account Number : I19980000102 Phone : (954)428-8899

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FLORIDA PROFIT/NON PROFIT CORPORATION TROPIC ISLE, INC

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

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	Principal street address	Mailing	nddress, if different is
NW 28TH STR	SET		
LAND PARK, F	L 33311		
CLE III PUR	POSE		
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iber of shares	of stock is:		
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Name and Ti	TAL OFFICERS AND AND DIRECTOR. tle: JASON KISSOONLAL 2131 NW 28TH STREET	Name and Title:	
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CLE V INTE Name and To Address	TAL OFFICERS AND AND DIRECTOR. THE: JASON KISSOONLÄL 2131 NW 28TH STREET OAKLAND PARK, FL 33311	Name and Title: Address:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Title: Name and Title: Address Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: JASON KISSOONLAL Name: **2131 NW 28TH STREET** Address: OAKLAND PARK, FL 33311 ARTICLE YIL INCORPORATOR The name and address of the incorporator is: JASON KISSOONLAL Name: 2131 NW 28TH STREET Address: OAKLAND PARK, FL 33311 ARTICLE VIII EFFECTIVE DATE: . (OPTIONAL) Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not recet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in with and accept the appointment as registered agent and agree to act in this capacity 12/06/2016 Date Required Signature/Registered Agent 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. lequired Signature/Incorporator