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COVER LETTER

TO:

Registration Section Division of Corporations

SHRIECT

Top Gunn Fuel LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randall L. Gunn Name of Person RLGunn Associates LLC Firm/Company 4335 Parkway Boulevard Address Land O Lakes, FL 34639 City/State and Zip Code rlgunnassociates@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall L. Gunn

Name of Person

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee & Certificate of Status

□\$130.00 Filing Fee & Certified Copy
(additional copy is enclosed)

□\$160.00 Filing Fee,
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Street/Courier Address

Effective Date 2/4/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	y is:	
Top Gunn Fuel LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	he principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
RLGunn Associates LLC	RLGunn Associates	
4335 Parkway Blvd	4335 Parkway Blvd	
Land O Lakes, FL 34639	Land O Lakes, FL 34639	
The name and the Florida street address of Randall L. Gunn / RLGunn A	-	
4335 Parkway Blvd		
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)	
	Land Q Lakes, FL 34639	
Ci	ty, State, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this call statutes relating to the proper and con and accept the obligations of my position	d in this certificate, I hereby accept apacity. I further agree to comply nplete performance of my duties, a	t the appointment as with the provisions of nd I am familiar with
	Signature (REQUIRED) TINUED)	13 FEB -
(CON	INCED	6 등록
Page	e1 of2	E 39

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
⊅SR /MGRM	RLGunn Associates LLC
	4335 Parkway Blvd
	Land O Lakes, FL 34639
(Use attachment if necessary)	
TICLE V. ECC.	Alam Alam Andrea & Clima Echanon A 2012 (ODTION ALL)
	than the date of filing: February 4, 2013 (OPTIONAL)
or to or 90 days after the date of fi	te must be specific and cannot be more than five business of
or to or 50 days after the date of h	ning.)
REQUIRED SIGNATURE:	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)