

A2200000054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

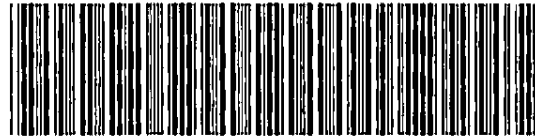
(Document Number)

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

Special Instructions to Filing Officer:

W22-1585

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JAN 03 2027

01/04/22--01011--031 \*\*1061.25

S. HAWKES  
JAN - 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2022

STEVEN RUTHERFORD  
1901 CEDAR LANE  
MELBOURNE BEACH, FL 32951

SUBJECT: STEVEN W. RUTHERFORD  
Ref. Number: W22000001585

We have received your document for STEVEN W. RUTHERFORD and check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

line (1) you stated the name of the LLP is STEVEN W. RUTHERFORD you have to have LLP after the name.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 222A00000433

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Top Sun LLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Steven Rutherford

Top Sun LLP  
Contact Person

1901 Cedar Lane  
Firm/Company

Melbourne Beach, FL 32951  
Address

topsun1@att.net  
City, State and Zip Code

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

For further information concerning this matter, please call:

Steven W. Rutherford 321 749-8238  
at ( )  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ( \$965 Filing Fee and \$35 Registered Agent Fee)  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☐ \$1,052.50 Filing Fees and Certified Copy  
☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (6/17)

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

Top Sun LLP

1. \_\_\_\_\_  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

1901 Cedar Lane

2. \_\_\_\_\_  
(Street address of initial designated office)

Steven W. Rutherford

3. \_\_\_\_\_  
(Name of Registered Agent for Service of Process)

1901 Cedar Lane

4. \_\_\_\_\_  
(Florida street address for Registered Agent)

Melbourne Beach, FL 32951

5. 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.

\_\_\_\_\_  
Signature of Registered Agent

1901 Cedar Lane

6. \_\_\_\_\_  
(Mailing address of initial designated office)

Melbourne Beach, FL 32951

7. If limited partnership elects to be a limited liability limited partnership, check box ☒.

8. Name and business address of each general partner:

Name:

Steven W. Rutherford

Business Address:

1901 Cedar Lane

Melbourne Beach, FL 32951

Lisa B. Rutherford

1901 Cedar Lane

Melbourne Beach, FL 32951

1-10-2022

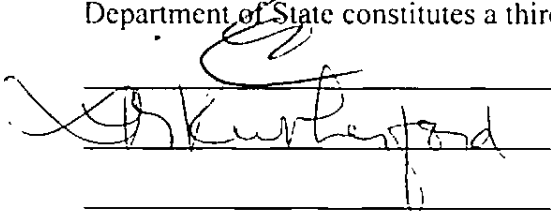
9. Effective date, if other than the date of filing: \_\_\_\_\_

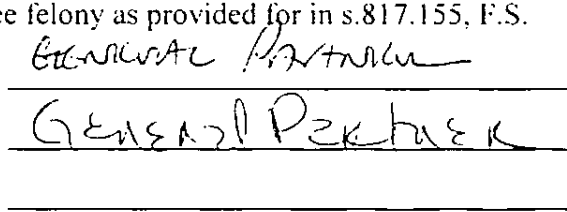
*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 10th January 2022  
day of \_\_\_\_\_.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

  
\_\_\_\_\_

  
\_\_\_\_\_

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**