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OHFEB 23 AMII: OI SECRETARY OF STATE James O. Johnson PO Box 49003 Tampa Florida 33647

February 19, 2004

Registration Section Division of Corporations PO Box 6327 Tallahassee Florida 32314 850-245-6051

To Whom it May Concern:

Enclosed for your review and processing are the Articles of Organization for *TopLine* Enterprises LLC and a check made out to the Department of State in the amount of \$160.00. The amount of the check should cover the following items

- \$100.00 Filing Fee
- \$25.00 Designation of Registered Agend
- \$30.00 Optional Certified Copy
- \$5.00 Optional Certificate of Status

Please provide the return information to me at the address above. Should you have any questions, please contact me at 813-335-8042.

Sincerely,

James O. Johnson Enclosures (2)

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OLFEB 23 AM II: 01
SECHETARY OF STATE
AN LANASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TopLine Enterprises 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:		
James O. Johnson		
(Name of Person)	_	
TopLine Enterprises LLC		
(Firm/Company)		
8506 Parrots Landing Drive		
(Address)		
Tampa Florida 33647		
(City/State and Zip Code)		
For further information concerning this matter, please call:	TAI SE	n i managerit
James O. Johnson at (813) 335-8042	E H	11
(Name of Person) (Area Code & Daytime Telephone Number)	LAHASSEE, FLORIDI	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:		
TopLine Enterprises LLC			
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
8506 Parrots Landing Drive	PO Box 49003		
Tampa Florida 33647	Tampa Florida 33647		
ARTICLE III - Registered Agent, Reg The name and the Florida street address	istered Office, & Registered Agent's Signature: of the registered agent are:		
Pamela P. Johnson	FF N		
	Name SSE 23		
8506 Parrots Landing	Drive PG 3		
Florida street add	Drive ress (P.O. Box NOT acceptable) FIGURE 1 FIGURE 1		
Tampa	FLORIDA 33647		
City	, State, and Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	James O. Johnson	
	8506 Parrots Landing Drive	
	Tampa Florida 33647	
MGRM	William T. Turner	
	14718 Heron Glen Drive	
	Lithia Florida 33547	
MGRM	Douglas S. Rich	
	1702 Winn Arthur Drive	
	Valrico Florida 33594	
(Use attachment if necessary)	ALLAHAS	OU FEB 23
NOTE: An additional article must l	oe added if an effective date is requested.	·
REQUIRED SIGNATURE		AH II: OI
Signature of a member or an	authorized representative of a member.	
(In accordance with section 60 of this document constitutes at that the facts stated herein are	98.408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.)	
James O. Johnson		. 22
Typed or	printed name of signee	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

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