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· (Requestor's Name)		
(Address)		
, (Address)		
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SECRETARY OF STATE

STALLAHASSEE FLORIDA

TO STALLAHASSEE FLORIDA

OTNOV-5 AMO: 1.5

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Top Line Sales, 1 (Name of Limit	LC	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Torie Borns		
	(Name of Person)	
Top Line Sales, LLC		
	(Firm/Company)	
536 NW 7th St.	(Address)	
	,	
Williston FL 32696 (City/State and Zip Code)		
(C.	yrolate and sip code,	
For further information concerning this matter, please call:		
Jimbo Gladwell (Name of Person)	at (352) 598 · 7525 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times\$\$130.00 Filing Fee \$\times\$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Top Line Sales, 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 principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
12275 West Huy 318 536 NW 7th St Reddick FL. 32686 Williston FL 32696
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Torie Burns Name
536 NW 7 th St. Florida street address (P.O. Box <u>NOT</u> acceptable)
Williston FL 32696 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, F.S
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(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Torie Burns 536 NW 7th St Williston FL 32696 MGRM James Gladwell TV 536 NW 7th St Williston FL 32696 MGRM JNR Holdings PO for 100

(Use attachment if necessary) - continued see a Hacked

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

MGRM

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

(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.)

Tames bladwell III
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)

Article IV- Managers or Managing Member (cont.)

Title

Name and Address

MGRM

Donald Baldwin

260 Kiverbend Rd

Bigfork, MT 59911

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