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PICK-UP WAIT MAIL				
(Business Entity Name)				
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02-14-2012

NAME:

TOP LEVEL DESIGN LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

TO:	Registration : Division of Co			
SUBJE	CT: TOP LE	VEL DESIGN, LLC		
		Name of Limit	ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	
	Peter Brual			
,			Name of Person	
			Firm/Company	
			Типисопрану	
	742 Ocean C	lub Place	Address	
	Fernandina B	each, FL 32034-6520	y/State and Zip Code	
	Peterbrual@g		yratate and Zip Code	
-	r eventural@6		for future annual report notification)	-
For fun	ther information	concerning this matter, pleas	e call:	
Peter Brual			at (404) 606-0226 Area Code & Daytime Telephone Number	
	Name	of Person .	Area Code & Daytime Telephone Number	
Enclos	ed is a check fo	or the following amount:		
⊒\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

(imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The maning address and street addres	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
742 Ocean Club Place	742 Ocean Club Place
742 Ocean Club Place Fernandina Beach, FL 32034-6520	742 Ocean Club Place Fernandina Beach, FL 32034-6520

Peter Brual	
N	ame
742 Ocean Club Place	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
Fernandina Beach	FL 32034-6520
Cit	y, 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..

> Registered Agent's Signature (REQUIRED) Peter Brual

> > (CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Peter Bruai 742 Ocean Club Place Fernandina Beach, FI 32034-6520 (Use attachment if necessary) 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:** 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.) Typed or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)