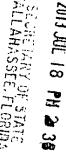
L/3000/02763

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
•		
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
	JUL	1 9 2013
		LUNT
	Λ,	COMI

Office Use Only



700249833827



07/18/13--01008--002 **125.00

COVER LETTER

TO: **Registration Section Division of Corporations**

Top of the Chain

Name of Limited Liability Company

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

Please return all corresp	ondence concerning this matt	er to the following	g :		
Alexa E	Bartusiak				
		Name of Person			
Top of	the Chain				
		Firm/Company	•		
2800 N	. Flagler Drive	e #603		nges-1	~
		Address			<u> </u>
West P	alm Beach, F	L 33407		AHA HA	
		y/State and Zip Cod	le		ω [
alexabar	tusiak@gmail.d				
	E-mail address: (to be used to	for future annual rep	ort notification)	55	₽ > ₹
For further information	concerning this matter, please	call:		ŠĦ.	ယ ဆ
Alexa Bart	usiak	_at(412	,519-726	5	
Name	of Person	Area Cod	le & Daytime Telephon	e Number	-
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	U\$155.00 Fili Certified Co (additional co)	opy Copy Copy is enclosed) C	60.00 Filing lettificate of Stertified Copy dditional copy is	atus &
•					

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 of the Chain LLC	
(Must end with the words "Limite	ed 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:
2800 N. Flagler Drive #603	2800 N. Flagler Drive #603
West Palm Beach, FL 33407	West Palm Beach, FL 33407
ADTICLE III Dogistared Agent Dogi	stayed Office & Degistered Agent's Signatures
	Shirt on
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	of the registered agent are:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	of the registered agent are:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of Alexa Bartusiak 2800 N. Flagler Drive #	of the registered agent are:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of Alexa Bartusiak 2800 N. Flagler Drive #	n Registered Agent. You must designate an individual or another of the registered agent are:

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)

(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:

MGR	Alexa Bartusiak		
	2800 N. Flagler Drive #603		
	West Palm Beach, FL 33407		
	——————————————————————————————————————		
	- 100 mm		
	(A) (D) (m) - (
	بيات. ريات		
	□-!		
(Use attachment if necessary)	ATE A		
	the date of filing: (OPTION		
	nust be specific and cannot be more than five busing		
or 90 days after the date of filing	3.)		
REQUIRED SIGNATURE:			

(In accordance with section 508.408(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 constitutes a third degree felony as provided for in s.817.155, F.S.)

Alexa Bartusiak

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)