

L14000078805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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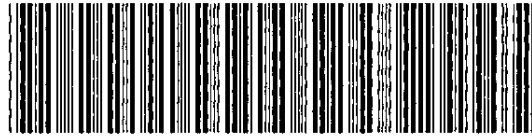
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/14--01001--002 **160.00

FILED
14 MAY 14 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 MAY 14 PM 1:32
DIVISION OF CORPORATIONS
J. Shivers MAY 15 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **SAVANNAH DEBOER**

DATE: **05/14/14**

REF. #: **7748062.9145509**

CORP. NAME: **TOPPEL AUSTIN, LLC**

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# **70020202** **FOR \$** **160.00**

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
TOPPEL AUSTIN, LLC
(a Florida limited liability company)**

Pursuant to Florida Statutes §605.0201, the undersigned hereby submits the following Articles of Organization of **TOPPEL AUSTIN, LLC** for the purpose of forming a limited liability company under the laws of the State of Florida.

**Article I.
Name**

The name of the Limited Liability Company is "**TOPPEL AUSTIN, LLC**" (the "**Company**").

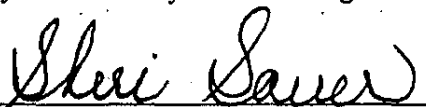
**Article II.
Principal Office**

The mailing address and street address of the principal office of the Company is: 6267 NW 77th Terrace, Parkland, FL 33067.

**Article III.
Registered Agent**

The name of the initial registered agent of the Company is **Sheri Sauer**, and the street address of the Company's initial registered agent is 6267 NW 77th Terrace, Parkland, FL 33067.

These Articles of Organization are hereby executed by the undersigned Authorized Representative of the Company.



Sheri Sauer, Authorized Representative

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Acceptance of Appointment of Registered Agent

Sheri Sauer, having been named the Registered Agent of TOPPEL AUSTIN, LLC, hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Chapter 605 of Florida Statutes.

Sheri Sauer
Sheri Sauer
Date: 5/2/14

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TALLAHASSEE, FLORIDA