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2014 MAY 28 PN 4: 42 SECRETARY OF STATE

COVER LETTER

Division of	n Section Corporations		
SUBJECT: <u>Tippie</u>	Top Improvements, LLC Name of Lin	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
Gary Tip	ppie	Name of Person	
		Firm/Company	
777 SE	2nd AVE, A104		
		Address	
<u>Deerfield</u>	d Beach, FL 33441		
	C	City/State and Zip Code	
<u>TippieTopLLC(</u>	②Yahoo.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information.	on concerning this matter, plea	ase call:	
Meisha Weiss Kasi	ner at (<u></u>	954) 204-9341	
Nai	me of Person		lephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	illing Address	Street/Courier Add	res <u>s</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle "
Tallahassee, FL 32301



May 14, 2014

GARY TIPPIE 777 SE 2ND AVENUE A104 DEERFIELD BEACH, FL 33441

SUBJECT: TIPPIE TOP IMPROVEMENTS, LLC

Ref. Number: W14000030618

We have received your document for TIPPIE TOP IMPROVEMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The document was received on 05/06/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 114A00010408

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Tippie Top Improvements, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1525 NW 3rd Street, B120 Deerfield Beach, FL 33442	1525 NW 3rd Street, B120 Deerfield Beach, FL 33442	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration). The name and the Florida street address of the registered at	Registered Agent. You must designate an individual or a.)	
Gary Tippie	T.E.	
Name	<u> </u>	₹ ~
777 SE 2nd AVE, A104 Florida street address (P.O. Box)	NOT acceptable)	1 28 F
Deerfield Beach	FL 33441	¥ \
City	Zip	₽- 4:
	the appointment as registered agent and agree to act in fall statutes relating to the proper and complete perform	this nance
(CONTINUE	ED)	

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Gary Tippie
	Gary: Hippie 777 SE 2nd AVE, A104
	Deerfield Beach, FL 33441
MOD	
MGR	Meisha W. Kastner
	902 Denery Lane Delray Beach, FL 33483
	Donay 2000, 1, 200100
(Lice attachment if necessary)	
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sport filing.)	e of filing: <u>5/23/2014</u> (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
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E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Ignature of a m (In accordance with section 66 constitutes an affirmation und	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sp filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: In accordance with section 60 constitutes an affirmation und I am aware that any false information in the control of the constitutes are affirmation und I am aware that any false information.	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true.
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