## C15000027097

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Lawers FEB 13 705

## **COVER LETTER**

	egistration Section vivision of Corporations
SUBJECT	r: TOP Sounds, LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclose	sed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Andres Valarezo
	Name of Person
	Firm/Company
	8250 NW 192nd Terr Address
	Hialeah Fl 33015 City/State and Zip Code
	City/State and Zip Code  AVA   QVEZO 1211 @ g mail. com  E-mail address: (to be used for future annual report notification)
<del> </del>	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Kris-	Hen Perez at (305) 989-1224  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
<b>l \$</b> 125.00 Fi	iling Fee Salado Filing Fee & Certificate of Status Status (additional copy is enclosed)  Salado Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  Registration Section  Street/Courier Address  Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, El 33314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:	ARTICLE I - Name: The name of the Limite	ed Liability Company is:				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  8250 Nw 1920 ty/ Haleah PL 33015  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:    Mailing Address:   8250 Nw 1920 Tear   Having Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are:    Mailing Address:   8250 Nw 1920 Tear   Having Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are:    Mailing Address:   8250 Nw 1920 Tear   No must designate an individual or another business entity with an active Florida registered Agent. You must designate an individual or another business entity with an active Florida registered agent are:    Mailing Address:   8250 Nw 1920 Tear   Nw 1920 Tea		op Sounds	LLC			_
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:     Mailing Address:	(1	Aust end with the words "Limit	led Liability C	ompany, "L.L.	C.," or "LLC.")	
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:    Amagentary   Plorida street address of the registered agent are:			office of the	Limited Liabil	ity Company is:	
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(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:    And (es   Valatezo    Name	.8250 NW thaleah F	192 rd terr	825 Hia	leal, FL	192d Fe	<u>rr</u> 
Name    C250 NW 192ve   TCW	(The Limited Liability	Company cannot serve as its ov	wn Registered			ividual or
Florida street address (P.O. Box NOT acceptable)    City   Zip	The name and the Flori	_	_			
Florida street address (P.O. Box NOT acceptable)    City   Zip		Andres V	alarezo	1		
Florida street address (P.O. Box NOT acceptable)    City   Zip		Nai	me			
Florida street address (P.O. Box NOT acceptable)    City   Zip		£250 NW 192	ind terr			
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<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	Anales Valacero
MGR	Andres Valarezo
	Hidleal tr , 33015
AMER	JUSTAN CORTEZ
	18942 NW 57" AVE
	thaleat Fr 33015
AMBK	Krister Perez
	10705 Miami Lales Drive Apt
	Miami Lakes, EL, 33014
AMBR	Myles Morega
/11-WF	8325 NW 194th terr
	Haleah Fr 33015
Use attachment if necessary)	1
	12.1.
ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.)  E VI: Other provisions, if any.	, OI 11111B.
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