

L15000057198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

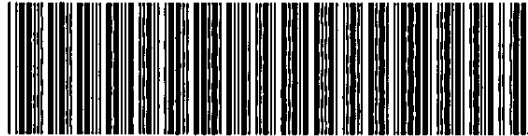
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400270514614

03/12/15--01023--004 **160.00

FILED

2015 MAR 12 AM 11:59

CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

APR 01 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On TOP Entertainment, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jessica Gramez
Name of Person

ON TOP Entertainment, LLC
Firm/Company

1511 East 28th Avenue
Address

Tampa, FL 33605
City/State and Zip Code

ontopent8977@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Gramez at (813) 905-5501
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

FILED
2015 MAR 12 AM 11:59
TALLAHASSEE, FL 32301
CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

On Top Entertainment, LLC

(Must end with the words "Limited 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:

1511 East 28th Avenue
Tampa, FL 33605

Mailing Address:

1511 East 28th Avenue
Tampa, FL 33605

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:

Jessica Ramirez
Name
1511 East 28th Avenue
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33605
City Zip

FILED
2015 MAR 12 AM 11:59
CLERK OF STATE
TALLAHASSEE FLORIDA

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 605, F.S..

Jessica Ramirez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MEIR

MEIR

CEO

CDD

Name and Address:

TIA ALLEN
1511 EAST 28th Avenue
Tampa, FL 33605

Amanda Spivey
6405 North 48th Street
Tampa Florida 33610

Kenn Dupree
8102 Fir Drive
Tampa Florida 33619

Jessica Gomez
1511 East 28th Avenue
Tampa FL 33605

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

TIA ALLEN

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), 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.)

TIA ALLEN

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)

FILED
2015 MAR 12 AM 11:59
CLERK OF STATE
TALLAHASSEE FLORIDA