L15000092700

(Ré	equestor's Name)	
(Ac	idress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800273085948

05/26/15--01042--023 **125.00

EFFECTIVE LANGE OUDITIS

WITHASSEE FLORIDA

SECRETARY OF STATE STATE STATE AND STATE STATE OF STATE STATE OF S

WAY 26 2015

3 MASON

COVER LETTER

	Registration Division of C				
SUBJEC		ntures, LLC			
SUBJEC		Name of Lir	mited Liabili	ty Company	
The enclo	osed Articles o	of Organization and fee(s) ar	re submitted	for filing.	
Please re	turn all corres	pondence concerning this m	atter to the f	ollowing:	
	Theodore S	Sottong			
	<u> </u>		Name of	Person	
	Tops Vent	ures, LLC			
			Firm/Co	mpany	
	710 Tarpor	n Street, #1			
			Addr	ess	
	Fort Myers	s, FL 33916			
			City/State and	d Zip Code	
	tedsottong@	·			
		E-mail address: (to be used	l for future a	nnual report notificat	ion)
For further	information o	concerning this matter, pleas	e call:		
	Ted Sotton	g at (239	229-9870	
	Na	me of Person A	rea Code	Daytime Telephon	ne Number
Enclosed	is a check for	the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mail	ing Address		Street Address	五次 二

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

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

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tops Ventures, LLC		W. C. W. L. C. W. W. L. C. W.
(Must end	l with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office o	of the Limited Liability Company is:
<u>Princi</u>	pal Office Address:	Mailing Address:
710 Tarpon Street		710 Tarpon Street
#1		#1
Fort Myers, FL 339	16	Fort Myers, FL 33916
(The Limited Liability Compan another business entity with an	y cannot serve as its own Regis active Florida registration.) t address of the registered agent	tered Agent. You must designate an individual or
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own Regis active Florida registration.) t address of the registered agent Theodore Sottong	tered Agent. You must designate an individual or are:
(The Limited Liability Compan another business entity with an	y cannot serve as its own Regis active Florida registration.) t address of the registered agent	tered Agent. You must designate an individual or are:
(The Limited Liability Compan another business entity with an	y cannot serve as its own Regis active Florida registration.) t address of the registered agent Theodore Sottong	tered Agent. You must designate an individual or are:
(The Limited Liability Compan another business entity with an	y cannot serve as its own Regis active Florida registration.) t address of the registered agent Theodore Sottong Nam	tered Agent. You must designate an individual or are:
(The Limited Liability Compan another business entity with an	y cannot serve as its own Regis active Florida registration.) t address of the registered agent Theodore Sottong Nam 710 Tarpon Street	tered Agent. You must designate an individual or are:
(The Limited Liability Compan another business entity with an	y cannot serve as its own Regis active Florida registration.) address of the registered agent Theodore Sottong Nam 710 Tarpon Street Florida street address (P.O Fort Myers, FL 33916	tered Agent. You must designate an individual or are:

(CONTINUED)

Page 1 of 2

15 HAY 26 PM 6: 05

SECRETARY OF STAIL

Title: "AMBR" = Authorized	Member	Name and Address:		
"MGR" = Manager MGR		Theodore P Sottong		
MOK	-	710 Tarpon Street, #1		-
		Fort Myers, FL 33916		_
	-			- -
				-
	-			-
				- -
	-			- -
				-
(Use attachment if nece	essary)			
ective date is listed, the of filing.) If the date inserted in this ment's effective date or	date must be specific and block does not meet the name of State	nd cannot be more than five business days per applicable statutory filing requirements, this		
ective date is listed, the of filing.) The date inserted in this ment's effective date or	date must be specific and block does not meet the name of State	nd cannot be more than five business days per applicable statutory filing requirements, this		
ective date is listed, the of filing.) If the date inserted in this ment's effective date or i.E VI: Other provisions, REOUIRED SIGNAT	s block does not meet the higher the Department of State if any.	nd cannot be more than five business days pe applicable statutory filing requirements, this e's records.	s date will n	
of filing.) If the date inserted in this ment's effective date or .E VI: Other provisions, REOUIRED SIGNAT S (In acc	s block does not meet the higher the Department of State if any. TURE: Signature of a member of ordance with section 605	e applicable statutory filing requirements, this e's records. or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution	s date will n	ot bo
rective date is listed, the of filing.) If the date inserted in this ment's effective date or .E VI: Other provisions, REOUIRED SIGNAT S (In acc constitute of file of the constitute of the constitute of filing	s block does not meet the higher the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation under	e applicable statutory filing requirements, this e's records. or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated here.	er. of this docu	ot bo
rective date is listed, the of filing.) If the date inserted in this ment's effective date or rective date or rective. REOUIRED SIGNAT S (In acc constitt I am av	s block does not meet the higher the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation under ware that any false inform	e applicable statutory filing requirements, this e's records. or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated heation submitted in a document to the Departre	er. of this docu	ot bo
rective date is listed, the of filing.) If the date inserted in this ment's effective date or rective date or rective. REOUIRED SIGNAT S (In acc constitt I am av	s block does not meet the higher the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation under ware that any false inform	e applicable statutory filing requirements, this e's records. or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated here.	er. of this docu	ot bo
rective date is listed, the of filing.) If the date inserted in this ment's effective date or .E VI: Other provisions, REOUIRED SIGNAT S (In acc constitt I am av	s block does not meet the the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation under ware that any false informates a third degree felony was a	e applicable statutory filing requirements, this e's records. or an authorized representative of a membro. 2020 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated honation submitted in a document to the Departmy as provided for in s.817.155, F.S.)	er. of this docu	ot bo
rective date is listed, the of filing.) If the date inserted in this ment's effective date or .E VI: Other provisions, REOUIRED SIGNAT S (In acc constitt I am av	s block does not meet the the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation under ware that any false informates a third degree felony was a	e applicable statutory filing requirements, this e's records. or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated heation submitted in a document to the Departre	er. of this docu	
rective date is listed, the of filing.) If the date inserted in this ment's effective date or rective date or rective. REOUIRED SIGNAT S (In acc constitt I am av	s block does not meet the the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation under ware that any false informates a third degree felony was a	e applicable statutory filing requirements, this e's records. or an authorized representative of a membro. 2020 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated honation submitted in a document to the Departmy as provided for in s.817.155, F.S.)	er. of this docu	
ective date is listed, the of filing.) The date inserted in this ment's effective date or E. VI: Other provisions, REOUIRED SIGNAT S (In acc constitt I am as constitutions)	s block does not meet the higher the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation underware that any false informutes a third degree felony that are the correction of	e applicable statutory filing requirements, this e's records. or an authorized representative of a membro. 0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated hation submitted in a document to the Departmy as provided for in s.817.155, F.S.)	er. of this docu	e ot be
ective date is listed, the of filing.) The date inserted in this ment's effective date or E VI: Other provisions, REOUIRED SIGNAT S (In acc constitute I am away constitute I a	s block does not meet the a the Department of State if any. FURE: Signature of a member of ordance with section 605 utes an affirmation underware that any false informutes a third degree felony transcribed in the Department of State in	e applicable statutory filing requirements, this e's records. or an authorized representative of a membro 5.0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated honation submitted in a document to the Departmy as provided for in s.817.155, F.S.) Red or printed name of signee Filing Fees:	er. of this docu	ot be
sective date is listed, the of filing.) If the date inserted in this ment's effective date or in the date of the d	s block does not meet the higher the Department of State if any. TURE: Signature of a member of ordance with section 605 utes an affirmation underware that any false informutes a third degree felony that are the correction of	e applicable statutory filing requirements, this e's records. or an authorized representative of a membro 5.0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated honation submitted in a document to the Departmy as provided for in s.817.155, F.S.) Red or printed name of signee Filing Fees:	er. of this docu	ot be
sective date is listed, the of filing.) If the date inserted in this ment's effective date or in the date of the d	s block does not meet the a the Department of State if any. FURE: Signature of a member of ordance with section 605 utes an affirmation underware that any false informutes a third degree felony transcribed in the Department of State in	e applicable statutory filing requirements, this e's records. or an authorized representative of a membro 5.0203 (1) (b), Florida Statutes, the execution or the penalties of perjury that the facts stated honation submitted in a document to the Departmy as provided for in s.817.155, F.S.) Red or printed name of signee Filing Fees:	er. of this docu	- nmer ue.

ARTIGLE IV-,