

LI5000095770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

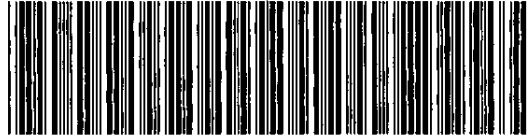
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/15--01011--026 **155.00

FILED
15 JUN -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

JOHN ROMAN
PO BOX 2289
BELLEVIEW, FL 34421

SUBJECT: TOPS L.L.C.
Ref. Number: W15000035730

We have received your document for TOPS L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00010640

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOPS L.L.C.
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:

JOHN T. ROMAN
Name of Person

TOPS L.L.C.
Firm/Company

P.O. Box 2289
Address

BERLEVUE FL 34421
City/State and Zip Code

JRSTRUCKS @ A.O.L. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN T. ROMAN at 352 266-4555
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 Address

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

CORRECTED NAME *JR*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TOPS LIMO
L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIMO

TOPS *↓* L.L.C.

(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:

9946 SE Hwy 441
BELLEVUE FL
34420

Mailing Address:

PO Box 2289
BELLEVUE FL
34421

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:

WORLD EQUIPMENT TRADERS INC.

Name

9946 SE Hwy 441

Florida street address (P.O. Box **NOT** acceptable)

BELLEVUE FL 34420

City

State

Zip

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..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 JUN -2 AM 9:00
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

AMBR

JOHN T. ROMAN
PO. BOX 2289
BRALEVIEW FL 34421

KRISTIN STANEK
1713 SMITH RD
WEIRSDALE FL 32195

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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.)

JOHN T. ROMAN
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)

15 JUN - 2 AM 9:00
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DEPT. OF STATE
TALLAHASSEE, FLORIDA