118000184818

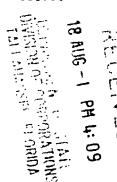
(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	 #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

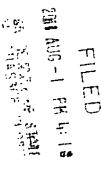
Office Use Only



600316630856

08/02/18--01002--009 **130.00





COVER LETTER

TO: New Filing Section Division of Corporations	·
SUBJECT: TOP OF THE HILL BULL Name of Limited Liability Company	DING L.L.C
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBERT D. ROSENBERG Name of Person	ER
170 RIBBEWOOD D	L
Address	
CRAWEND DIVILE FL	32327
CRAWFORDVILLE FL. City/State and Zip Code Robert Rosen & Ger 63 E-mail address: (to be used for future annual report of the control of the	3@ gmail-com
For further information concerning this matter, please call:	
Robert Rosenbergelat (850) 696 Name of Person Area Code Daytime	1-7478 Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status (additional copy is en	Certificate of Status &
P.O. Box 6327 Chifton Bu 2661 Exec	ress Section Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Addre The mailing address an	ss: d street address of the	principal office of the Lin	nited Liability Com	pany is:	
	Principal Office Ad	dress:	Ma	iling Address:	
170 1 CF41	LIDEEWOOD NFORD VILLE	DL. FL.32327	L	SAME	•
ARTICLE III - Regis (The Limited Liability another business entity	Company cannot serve	red Office, & Registered e as its own Registered Ag a registration.)	Agent's Signature ent. You must desi	: gnate an individual or	
The name and the Flor	Robe	ne registered agent are: Name		<u>*</u>	
		RIBGEWOOD			
		treet address (P.O. Box <u>N</u> VFOLD VILLE		2327	
		City State	Zip		
place designated in this	certificate, I hereby ac	cent the appointment as re	gisierea ageni ana i proper and complete	limited liability company at the agree to act in this capacity. I eperformance of my duties, and or in Chapter 605, F.S.	
	<i>₩</i>	Registered Agent's	Signature (REQUI	RED)	
		(CONTIN	UED)		

The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	TRENTON SMITH
	\$541 BUD SPENCE RD.
	TALLAHASSEE FL 3231
· · · · · · · · · · · · · · · · · · ·	
	
	
n effective date is listed, the date must be sp date of filing.)	e of filing: $\frac{\partial \mathcal{S}}{\partial \mathcal{S}} = \frac{\partial \mathcal{S}}{\partial \mathcal{S}} = \frac{\partial \mathcal{S}}{\partial \mathcal{S}}$ (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
FICLE VI: Other provisions, if any.	(0.5.4.0 0.000.4.)
	• ()
REQUIRED SIGNATURE:	- / /
Signature of a n	nember or an authorized representative of a member.
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State
i am aware that any fai constitu e s a third degr	ree felony as provided for in s.817.155, F.S.
1/0000	
と ガルガン 似っ	T LOSENISTIGEK.

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)