Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To: pivision of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (385)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. emin Email Address: FLORIDA LIMITED LIABILITY CO. TOPLINE INTERIORS LLC Certificate of Status 0 Certified Copy N. SAMS 03 Page Count

\$130.00

JUL 2 6 2019

Estimated Charge

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
TOPLINE INTERIORS (Must conta	S LLC in the words "Limited I	iability Company, "L.I	"C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited Lia	oility Company is:	• •	•	
Principal Office Address:		Mailing Address:		99:		
10801 NW 75 St.		108 <u>01 N</u>	W 75 St	<u> </u>	2019	
DORAL, FL 33178		DORAL	FL 33178	工门		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent. You	Signature: must designate an indi	vidual or Fig. 70.	25 PM 4	
The name and the Florida street address of the registered agent are:					(a) :	
	MAREMI BAKHOS			• •	ယ	
	_	Name		:		
	10801 NW 7 <u>5 St.</u>					
	Florida street addres	s (P.O. Box NOT acce	ptable)			
	DORAL	FLORIDA	33178			
	City	State	Zip			
		ing of process for the ab	ove stated limited liabil	ity company at th	e .	

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..

(CONTINUED)

ARTICLE IV-

Title:		Name and Address:
"AMBR" = Autho	rized Member	
"MGR" = Manage	er e	
MGR		MAREMI BAKHOS
		10801 NW 75 St.
		DORAL, FL 33178
		
	•	
		
		
(Usc attachment i	£	
EV: Effective da active date is listed of filing.)	te, if other than the date id, the date must be spein this block does not n	of filing: JULY 24 2019 (OPTIONAL) ectific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
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