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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
TOP GP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION OF
TOP GP LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

NAME

The name of the Limited Liability Company is TOP GP LLC (the "Limited Liability Company").

ARTICLE II

STREET ADDRESS AND MAILING ADDRESS

The street address and mailing address of the principal office of the Limited Liability Company is as follows:

1820 N. Corporate Lakes Blvd.
Suite 305
Weston, FL 33326

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent are Capitol Corporate Services, Inc., 515 East Park Avenue, 2nd Floor, Tallahassee, Florida 32301.

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 of the Florida Statutes.

Capitol Corporate Services, Inc.

By: _____

Kim Tadlock

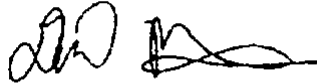
Kim Tadlock, Asst Sec on behalf of
Capitol Corporate Services, Inc.

ARTICLE IV

MANAGING MEMBER

The Limited Liability Company shall be member-managed. The name and address of the member-manager is as follows:

Thin Oil Products LLC
1820 N. Corporate Lakes Blvd.
Suite 305
Weston, FL 33326



Date: September 11, 2019

David P. Baghdassarian, Authorized Person

In accordance with Section 605.0203 of the 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 Section 817.155 of the Florida Statutes.