

L19000234760

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(Address)

(Address)

(City/State/Zip/Phone #)

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J. FASON

SEP 26 2019

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** TOP BRIGHT DEVELOPMENT LLC  
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:

JOAQUIM MAGRO DE ALMEIDA

Name of Person

Firm/Company

3479 NE 163RD STREET

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

info@tba-associates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JMALMEIDA

Name of Person

at ( )

Area Code

0044 7775 218726

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TOP BRIGHT DEVELOPMENT LLC

(Must contain 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:**

3479 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160

**Mailing Address:**

3479 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160

**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:

JOAQUIM MAGRO DE ALMEIDA

Name

3479 NE 163RD STREET

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

<u>NORTH MIAMI BEACH</u>	<u>FLORIDA</u>	<u>33160</u>
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..*

Joachim Magro de Almeida  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JOAQUIM MAGRO DE ALMEIDA

3479 NE 103RD STREET

NORTH MIAMI BEACH, FL 33160

(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:**

Joachim Magro de Almeida

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

JOAQUIM MAGRO DE ALMEIDA

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)