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NAME: TOP HOME BUYERS LLC

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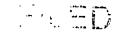
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	: Buyers LLC					
	Name	of Limited Lia	bility Company			
ed Articles of	Organization and fee	e(s) are submitt	ed for filing.			
n all corresp	ondence concerning t	his matter to th	e following:			
David R. Ph	illips, Esq.					
		Name	of Person			
Phillips, Hay	yden & Labbee, LLP					
		Firm/	Company			
19321 US H	ighway 19 North, Su	ite 301				
		Ac	ldress			
Clearwater,	FL 33764					
		City/State	and Zip Code			
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tormation co	ncerning this matter,	please call:				
David R. Phi		727 at (300-1399			
Nam		\ 	Daytime Telephor	ne Number		
a check for t	he following amount:					
Filing Fee		us Cert	ified Copy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
			Street Address	livielon		
			The Centre of Tallahassee			
P.O. Box 6327			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Top Home Top Home d Articles of n all corresp David R. Ph Phillips, Hay 19321 US H Clearwater, avid@phlfir formation co David R. Phi Nam a check for t Filing Fee Maillin New F Division P.O. B	Top Home Buyers LLC Top Home Buyers LLC Name Id Articles of Organization and fee In all correspondence concerning to David R. Phillips, Esq. Phillips, Hayden & Labbee, LLP 19321 US Highway 19 North, Su Clearwater, FL 33764 avid@phlfirm.com E-mail address: (to be formation concerning this matter, David R. Phillips, Esq. Name of Person a check for the following amount: Filing Fee \$130.00 Filing Is Certificate of State Mailing Address New Filing Section Division of Corporations	Top Home Buyers LLC Name of Limited Lia d Articles of Organization and fee(s) are submitted at all correspondence concerning this matter to the David R. Phillips, Esq. Name Phillips, Hayden & Labbee, LLP Firm/ 19321 US Highway 19 North, Suite 301 Add Clearwater, FL 33764 City/State avid@phlfirm.com E-mail address: (to be used for future formation concerning this matter, please call: David R. Phillips, Esq. Name of Person Area Code a check for the following amount: Filling Fee \$130.00 Filing Fee & \$\$ Certificate of Status Mailling Address New Filing Section Division of Corporations P.O. Box 6327	Top Home Buyers LLC Name of Limited Liability Company d Articles of Organization and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: David R. Phillips, Esq. Name of Person Phillips, Hayden & Labbee, LLP Firm/Company 19321 US Highway 19 North, Suite 301 Address Clearwater, FL 33764 City/State and Zip Code avid@phlfirm.com E-mail address: (to be used for future annual report notificate formation concerning this matter, please call: David R. Phillips, Esq. Tara Code Name of Person Area Code Daytime Telephor a check for the following amount: Filing Fee Certificate of Status New Filing Section Division of Corporations P.O. Box 6327 The Centre of Tallah P.O. Box 6327		



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 SEP 24 PM 2: 59

SECRETARY OF STA	ATE
TALLAHASSEE, F	L

ARTICLE I - Name:			SECRETA	•
The name of the Limited Liability	Company is:		TALLAI	
Top Home Buyers LL				-
(Must contai	n the words "Limited	d Liability Compar	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limit	ed Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
39217 Fibelkom Road		39	9217 Fibelkom Road	
Zephyrhills, Fl. 33540		<u>Z</u>	ephyrhills, FL 33540	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its ow tive Florida registrat	n Registered Agen ion.)	t. You must designate an individual or	
	David R. Phillips, I			
		Name		
	19321 US Highway	19 North, Suite 3	01	
	Florida street addre	ess (P.O. Box <u>NO</u>)	acceptable)	
	Clearwater	FL	33764	
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = At "MGR" = Mar	uthorized Member	
MGR		
		2021 SEC
		SEP 24
		Z 2:
	<u></u>	91. 59
ARTICLE V: Effective If an effective date is lined to date if the date inserts. Note: If the date inserts	the date, if other than the date of filing: September 24, 2021 (OPTIONAL) sted, the date must be specific and cannot be more than five business days prior to or 90 ded in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	
ARTICLE VI: Other pro	ovisions, if any.	
REOUIRED S	SIGNATURE:	.
	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.	
	David R. Phillips, Esq. Typed or printed name of signee	

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

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)

ARTICLE IV-