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	(Requestor's Name)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TOP Class Auto Sales UC 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:
AFaF Farkal Name of Person
Name of Person
Firm/Company
202 Jefferson Street, anincy FL, 3235,
Quincy / FL/ 32351 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AFEF FACING at (850) 559-6769 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TOP Class Auto LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "I.L.C."	')
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	is:
Principal Office Address: Mailing	Address:

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:

AFGF	Fasha	, +		
	Name			
202	Je ffer	Son Sy		
Florida street address (P.O. Box NOT acceptable)				
Quincy	FL	32351		
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)

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"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	۸۲ - ۲ - ۱
MGR	Afar farhal
(Use attachment if necessary)	
ICLEV: Effective date if other than the	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)