Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX COUNSEL, PLLC Account Number : I20210000011 Phone : (305)907-5540 Fax Number : (305)907-5437

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

andrea@taxcounselus.com Email Address:_

FLORIDA LIMITED LIABILITY CO. TOP PROFESSIONALS INTERNATIONAL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION OF TOP PROFESSIONALS INTERNATIONAL, LLC

ARTICLE I - NAME

The name of the limited liability company is TOP PROFESSIONALS INTERNATIONAL, LLC ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address: 999 Ponce de Leon Blvd., Ste. 720 Coral Gables, FL 33134

Mailing Address: 999 Ponce de Leon Blvd., Ste. 720

Coral Gables, FL 33134

ARTICLE III - REGISTERED AGENT. REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Tax Counsel, PLLC 999 Ponce de Leon Blvd., Ste. 720 Coral Gables, FL 33134

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.

> Tax Couns& By Andrea Aguilar, Authorized Representative

ARTICLE IV - MANAGERS OR MEMBERS

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

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Liability Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Stratospheric Management LLC 999 Ponce de Leon Blvd., Ste. 720 Coral Gables, FL 33134

REQUIRED 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.

Andrea Aguilar, Authorized Representative

Typed or printed name of signee

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