

L240000011296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

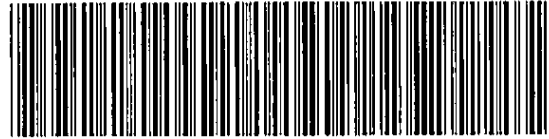
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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CLERK OF SUPERIOR COURT
JANUARY 11

COVER LETTER

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

SUBJECT: Topfam Holding International, 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:

Pierre Charlien

Name of Person

TopFam Holding International, LLC

Firm/Company

71 Edwards Place

Address

Valley Stream, NY 11580

City/State and Zip Code

pierrecharlien@topfamholdingintl.com

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

For further information concerning this matter, please call:

Pierre Charlien 516 425-5564
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Topfam Holding International, 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:

Mailing Address:

71 Edwards Place

Valley Stream, NY 11580

71 Edwards Place

Valley Stream, NY 11580

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:

Valentine Destinoble

Name

7930 NW 6th Court

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

Margate

FL

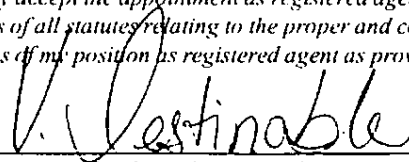
33063

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)

FILED
CLERK OF DISTRICT COURT
JANUARY 19 2023

2023 DEC 19 AM 9:46

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Authorized Member

Patrick Charlier

357 Sweetwater Springs Street

Debary, FL 32713

Authorized Member

Beatrice Charlier

357 Sweetwater Springs Street

Debary, FL 32713

Authorized Member

Valentine Destinoble

7930 NW 6th Ct

Margate, FL 33063

Authorized Member

Regia Obas

1523 NW 80th Ave. Apt. 23D

Margate, FL 33063

(Use attachment if necessary)

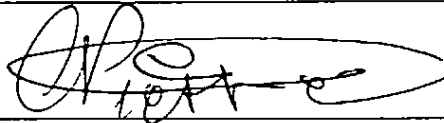
ARTICLE V: Effective date, if other than the date of filing: 01/01/2024 (OPTIONAL)

(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:



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.

Pierre Charlier

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)

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CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV –

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

Title:

Name and Address:

Authorized Member

Weetsel Rene
1113 Elmshadow
Richmond, VA 22231

Authorized Member

Thafney L. Verret
2261 Cross Timbers Place, Apt. 104
Kissimmee, FL 34746

Authorized Member

Agnes Apollon Toussaints
4644 Rue Boissy
SVP Laval h7c 1m2

Authorized Member

Christelle Destinoble
1523 NW 80th Ave., Apt 23D
Margate, FL 33063

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NORTH FLORIDA