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(Requestor's Name)

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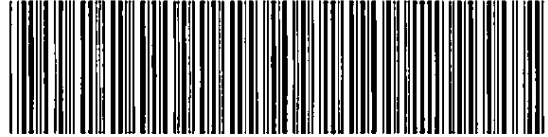
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TOPLEMON VITA HOLDCO, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name

Date

Time

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112 Parker & Perry - Tallahassee, FL 32301

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# **ARTICLES OF ORGANIZATION FOR TOPLEMON VITA HOLDCO, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

## **ARTICLE I: NAME**

The name of the company is **TOPLEMON VITA HOLDCO, LLC**

## **ARTICLE II: PRINCIPAL OFFICE**

The principal office of the company is **515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

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### **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Angelo & Banta, P.A., 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

### **ARTICLE IV: AUTHORIZED MEMBER AND OR MANAGER**

The name and address of each initial person authorized to manage and control the Limited Liability Company is as follows.

**Thomas P. Angelo, Authorized Member Representative, 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

The undersigned has executed these Articles of Organization for filing purposes this 21st day of February 2024.

/S/ **Thomas P. Angelo**

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**Thomas P. Angelo Authorized Representative of a Member.**

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2024 FEB 21 AM 9:11  
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TALLAHASSEE, FL

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **TOPLEMON VITA HOLDCO, LLC**
2. The name and street address of the registered agent and office is:

**Angelo & Banta, P.A., 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Thomas P. Angelo

Thomas P. Angelo for Angelo & Banta, P.A.

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