Florida Department of State
Division of Corporations

HH 24

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To:

Division of Corporations

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From:

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Email	Address:			

# FLORIDA LIMITED LIABILITY CO. TOP AUCTION 2 BUY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### TOP AUCTION 2 BUY 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:

12496 SW 128 STREET BAY 115	7290 S WATERWAY DRIVE	
MIAMI, FLORIDA 33186	MIAMI FLORIDA 33155	
	<del>-</del>	

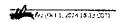
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

ONELIO BAEZ		
	Name	
12496 SW 128 STR	EET BAY 115	
Florida street addres	is (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33186
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 Iam 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: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:		
	AMBR	ONELIO BAEZ 12496 SW 128 STREET BAY 115 MIAMI, FLORIDA 33186		
i				
A& 19				
	<u>.</u>			
	(Use attachment if necessary)			
(If an cf the date <u>Note:</u> I	Tective date is listed, the date must be s of filing.)	ne of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as at of State's records.		
	I.E VI: Other provisions, if any.			



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.

LEO BAEZ-REEVE

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)