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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000800019 : (305)552-5973 Phone Fax Number : (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. TOP DEV CREW L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLE I - Name:

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TOP DEV CREW C.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
14825 SW 149 CT, MEAME, FC , 33196
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
VICTOR MANUEL SUAREZ FERNANDEZ
14925 SW 149 CT MIAMI FL 33496
ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
SUARER GIL FAMILY LLC - AMBR
FOUR CONSULTING AND SOLUTIONS LLC - AMBR
·

EIN: 39-5082889

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)