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SECRUTARY OF STATE DIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TOP LINE EQUIPMENT (Name of Lim	NT AND SUPPLY, L.L.C. ited Liability Company)
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
BILLY TI	
(Na	ame of Person)
	E EOUIPMENT AND SUPPLY LLC mm/Company)
PO BOX	905 (Address)
MILTON	FL 32572
	ate and Zip Code)
For further information concerning this matter, ple	ease call:
BULLY THOMPSON	at ( <u>850</u> ) <u>232-0846</u>
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_\$\$125.00 Filing Fee \$\sum_\$\$130.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$\mathbb{X}\$160.00 Filing Fee, Certificate  Status Certified Copy of Status & Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: TOP LINE EQUIPMENT AND SUPPLY, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") LOUISIANA (Jurisdiction under the law of which foreign limited liability 72-1518349 (FEI number, if applicable) company is organized) 5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual") 4. <u>December 6, 2001</u>
(Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 6650 ELVA ST, MILTON FL 32570 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: COMPACT CONTRACTOR EQUIPMENT SALES AND SERVICE Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
TOP LINE EQUIPMENT AND SUPPLY, L.L.C.	
If name unavailable, the alternate name to be used in the state of Fl	lorida is:
2. The name and the Florida street address of the registered agent a	and office are:
BILLY THOMPSON	SECRITATION OF JU
(Name)	JUL 10
6650 ELVA ST Florida Street Address (P.O. Box NOT ACCES	
- MILTON FL 32570 City/State/Zip	S

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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

TOP LINE EQUIPMENT AND SUPPLY, L.L.C.

A limited liability company domiciled in PRAIRIEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on December 6, 2001,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on, 5 2007

> Secretary of State 35179527K

July



Certificate ID: 20070705000938

To validate this certificate, visit the following web site. go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louisiana.gov