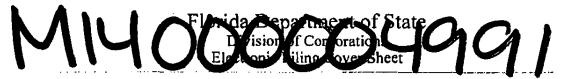
7/15/2014 13:50:22 From: To: 8506176383

(1/5)

Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850) 222-1092 Phone

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Foreign Limited Liability Company **TOPS Products, LLC** 

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Page Count	05
Estimated Charge	\$125.00

<sup>JUL 1 6 2014</sup> J. HARRIS

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Help

#### **COVER LETTER**

	ation Section n of Corporation	ı			
SUBJECT: TO	PS Products, LLC				
			mited Liability Company	<del></del>	ı
The enclosed "Ay Existence, and ch	pplication by Fore teck are submitted	ign Limited Liability C to register the above r	Company for Authorization teferenced foreign limited lis	o Transact Business in Florida," ability company to transact busin	Certificate of tess in Florida
Picase return all	correspondence oc	ncerning this matter to	the following:		
			Name of Person		
	<u>-</u>				
			Firm/Company		
•	<del></del>		Address		
			ty/State and Zip Code		
1	naureen kopp@rr		syruau am arp cour		
•		E-mail address: (10 be	used for future annual report is	otification)	
For further inform	nation concorning	this matter, please call	: a1()		
	Name of	Contact Person	Area Code	Daytimo Telephone Number	
Division Registra P.O. Bo	of Corporations tion Section c 6327 see, FL 32314	Dlv Reg Clif 266	REET ADDRESS: Ision of Corporations Istration Section Ion Building 1 Executive Center Circle ahassee, FL 32301		
Enclosed is a c	heck for the fo	ilowing amount:			•
☐ \$125,		S130.00 Filing Fee ( Certificate of Status		& \$160.00 Filing Fee, Co of Status & Certified 6	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOPS Products, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unsvallable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must inclu- Liability Company," "L.L.C," or "LLC.")	de "Limited
2. Delaware 3. 20-3098654	<del></del>
(FEI number, if applicable) company is organized)	Ð
4. 06/30/2014	<u>,                                    </u>
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	DIVISION OF CORPORATIONS  14 JUL 15 14 9: 41
5. 111 South Wacker Drive, Chicago, IL 60606	
	0 0
(Street Address of Principal Office)	
C 111 Court Wester Party Chicago II 50606	چ بو
6. 111 South Wacker Drive, Chicago, IL 60606	<del></del>
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar	e:
R. R. Donnelley & Sons Company, 111 South Wacker Drive, Chicago, IL 60606, Member	
	<u></u>
	<del></del>
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by t	he official
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy i	
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of th	e translator
must be submitted)	
خد الا	
Mare	
Signature of an authorized person in accordance with section 603.0203, F.S., the execution of this document constitutes in efficient in under the penalties of perjuty that the facts in	report horsely are this
m accordance with section 603.0203, F.S., the execution of this document constitutes exhibiting in materials a In aware that any false information submitted in a document to the Department of State conditives a third degree felony as provided for in s.\$17.0	55, F.S.)
Maureen I. Konn. Authorized Person	
Maureen L. Kopp, Authorized Person  Typed or printed name of signee	

TOPS Products, LLC

1. The name of the Limited Liability Company is:

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name and	the Florida street address of the registered agent and office are:	
_	C T Corporation System	_
	(Name)	
	1200 South Pine Island Road	_
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
	Plantation FL 33324	
_	City/State/Zip	_
	ed as registered agent and to accept service of process for the above	
liability company i registered agent a statutes relating to	ed as registered agent and to accept service of process for the above at the place designated in this certificate, I hereby accept the appoin nd agree to act in this capacity. I further agree to comply with the pother proper and complete performance of my duties, and I am familitions of my position as registered agent as provided for in Chapter 60.	ment as rovisions of a ar with and
liability company or registered agent a statutes relating to accept the obligation Statutes.	at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the position and complete performance of my duties, and I am familitions of my position as registered agent as provided for in Chapter 60 T Corporation System  ASSISTANT Society	tment as rovisions of a ar with and 15, Florida 1 <b>3</b> ,
lability company of registered agent a statutes relating to accept the obligation Statutes.	at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiations of my position as registered agent as provided for in Chapter 60 T Corporation System  Alfred Your Assistant Security (Bignature)	tment as rovisions of c ar with and 15, Florida 1 <b>3</b> ,
liability company oregistered agent a statutes relating to accept the obligation Statutes.	at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiations of my position as registered agent as provided for in Chapter 60 T Corporation System  Alfred Your Assistant Security (Bignature)  \$ 100.00 Filing Fee for Application	tment as rovisions of a ar with and 15, Florida 1 <b>3</b> 1
liability company in registered agent a statutes relating to accept the obligation Statutes.	at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiations of my position as registered agent as provided for in Chapter 60 T Corporation System  Alfred Your Assistant Security (Bignature)	tment as rovisions of ar with and 15, Florida 1 <b>3</b> 1

# Delaware

PAGE :

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOPS PRODUCTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5546799 8300

140954777

Jeffrey W. Suffock, Secretary of State

DATE: 07-15-14

You may verify this cortificate enline