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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2014

DUGGAN BERTSCH 303 W MADISON SUITE 1000 CHICAGO, IL 60606

SUBJECT: TOPSIDE ACTION, LLC

Ref. Number: W14000034891

We have received your document for TOPSIDE ACTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 014A00012101

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org



May 21, 2014

#### Privileged & Confidential Via First Class Mail

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Application by Foreign LLC for Authorization to Transact Business in Florida for Topside Action, LLC

To Whom This May Concern,

Best regards,

**DUGGAN BERTSCH, LLC** 

AMM/slf

Encl.

CR2E027 (9/10)

#### **COVER LETTER**

TO:

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.1:-

Registration Section Division of Corporations

SUBJECT:

Topside Action, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amanda Miller				
Name of Person				
DUGGAN BERTSCH, LLC				
Firm/Company				
303 West Madison Street, Suite 1000				
Address				
Chicago, IL 60606				
City/State and Zip Code				
dlittwin@dugganbertsch.com				

For further information concerning this matter, please call:

### **Amanda Miller**

,312 \ 263-8600

Name of Person

Area Code & Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

E-mail address: (to be used for future annual report notification)

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

(Name of Foreign Limited Liability Company; must include "Limited Liab	oility Company," "L.L.C.," or "LLC.	")
If name unavailable, enter alternate name adopted for the purpose of transacting busines.  Liability Company," "L.L.C." or "LLC.")	ss in Florida. The alternate name mu	st include "Limit
<sub>2.</sub> Alaska <sub>3.</sub> 46-560	06062	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
Lupon Registration		
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	o registration.) e penalty liability)	
1080 Skye Lane		
Palm Harbor, FL 34683		
(Street Address of Principal Offi	ce)	
Palm Harbor, FL 34683		
(Mailing Address)		<del></del>
7. The name, title or capacity and address of the person(s) who ha	ns/have authority to manage	is/are:
Lawrence E. Platt, Manager	Žs.	14
1080 Skye Lane		A. 50
		N) press
Palm Harbor, FL 34683		P
B. Attached is an original certificate of existence, no more than 90 maying custody of records in the jurisdiction under the law of which acceptable. If the certificate is in a foreign language, a translation of must be submitted)	h it is organized. (A photoc	opy is not
- July	<u> </u>	
Signature of an authorized	Derson	

Lawrence E. Platt

Typed or printed name of signee

## 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.

	of the Limited Liability Co	ompany is:	
If unavailable,	the alternate to be used in	n the state of Florida is:	
2. The name a	and the Florida street address	ess of the registered agent and office are:	
	Lawrence E.	Platt	
		(Name)	
	1080 Skye La	ane	
	Florida Street	t Address (P.O. Box NOT ACCEPTABLE)	
	Palm Harbor	FL 34683	
		City/State/Zip	CTE
liability compa registered ager statutes relatin	ny at the place designated nt and agree to act in this c g to the proper and comple	and to accept service of process for the abo I in this certificate, I hereby accept the appo capacity. I further agree to comply with the ete performance of my duties, and I am fan registered agent as provided for in Chapter	ointment <u>as</u> e provisions of al niliar with and
	2)	Signature)	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Alaska Entity #10020374

## State of Alaska Department of Commerce, Community and Economic Development Corporations, Business and Professional Licensing

### **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Topside Action, LLC

This entity was formed on April 23, 2014 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective May 21, 2014.

Surak & 11

Susan K. Bell Commissioner