Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000254305 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : GREENBERG TRAURIS CONSULTING, INC.

Account Number : I20140000080

: (305)579~7882

Fax Number : (305)961~5722

**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 TOP TEAM LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

10/30/2014

(((H14000254305 3)))

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

IN COMPLIANCE WITH SECTION 605.0903, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TOP TEAM LLC		
(Name of Foreign Limited Liability Company; must melade "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name anavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Linbility Company," "L.L.G." or "LLC.")	ł	
2 STATE OF DELAWARE 3. 30-0831837		
(Figure 1) (Figure 2)		
4.		
(Dale first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 1180 E. Hallandale Beach Blvd., Sulte C	4 0	
Hallandale Beach, Florida 33009	14 001 31	
(Street Address of Principal Othice)	3	
6. 1180 E. Hallandale Beach Blvd., Suite C	P.K	į
Hallandale Beach, Florida 33009		1
	N CD	-
7. The name, title or capacity and address of the person(s) who has/nave authority to manage is/are:		
Sebastian Guejman - Manager		
1180 E. Hallandale Beach Blvd., Suite C		
Hallandale Beach, Florida 33009		
8. 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 translation must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of paging that the facts stated herein an accordance with section 605.0203, F.S., the execution of this document constitutes at affirmation under the penalties of paging that the facts stated herein an accordance with section 605.0203, F.S., the execution of this document of State constitutes a third degree felony as provided for in a 817.155, F.S.)	or	
Sebastian Guejman, Manager		
Typed or printed name of signee		

(((H14000254305 3)))

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.

1. The name of the Limited Liabili	lity Company is
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TO	b.	TE	Α	M			\mathbf{C}
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If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT CORPORA	TION SYSTEM	Zo _
	(Name)	AAR OC
1200 S. PINE IS	SLAND ROAD	33
Florida Street Address (P.O. Box NOT ACCEPTABLE)		CO - COMMENT
PLANTATION	FL 33324	PH 4: FLOR
	City/State/Zip	5X %

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, Florida Statutes.

Madonna Cuddihy
Special Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOP TEAM 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2014.

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

14 OCT 31 PN 1:25

5549487 8300

141236450

You may verify this certificate online at corp. delaware.gov/authver.shtml

Jeffrey W. Bullock, Socretary of State

AUTHENTICATION: 1740324

DATE: 09-30-14