# DNKI ( ; );

(Requestor's Name) (Address)					
(Address)	200273479				
(City/State/Zip/Phone #)	06/02/150101				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	ĩ				
Office Use Only	· .				
1x115-39322	mD 6 m				

273479372

06/02/15--01018--018 \*\*130.00

ALLA TRACT SING 15 JUN 15 PH 2: 42 



110 SE 6<sup>th</sup> Street, Suite 2600 Fort Lauderdale, Florida 33301 Telephone: 954.728.1280 Fax: 954.728.1282 www.lewisbrisbois.com

BARBARA FREAS, LEGAL ASSISTANT DIRECT DIAL: 954.495 2208 BARBARA.FREAS@LEWISBRISBOIS.COM June 1, 2015

# VIA FEDEX

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

#### Re: <u>Application by Foreign Limited Liability Company For Authorization to Transact Business in</u> Florida for Topridge Associates LLC

Dear Sirs:

Attached please find:

- 1) The Cover Letter which contains my contact information;
- 2) Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for Topridge Associates LLC;
- 3) A Good Stand Certificate from the State of Delaware dated May 14, 2015 for Topridge Associates LLC;
- 4) A State of Florida Registered Agent Consent Form executed by Paracorp Incorporated;
- 5) A check in the amount of \$130.00 which covers the Filing Fee and Certificate of Status; and
- 6) A return self addressed Federal Express Envelope for your ease in returning my Certificate of Status to me.

If you require any further assistance, please contact me at the number listed above.

Thank you. **Barbara Freas** 

# Enclosures

ALBUQUERQUE + ATLANTA + BEAUMONT + BOSTON + CHARLESTON + CHICAGO + DALLAS + DENVER + FORT LAUDERDALE + HOUSTON + LA QUINTA

LAFAYETTE + LAS VEGAS + LOS ANGELES + MADISON COUNTY + NEW ORLEANS + NEW YORK + NEWARK + ORANGE COUNTY + PHILADELPHIA + PHOENIX

SACRAMENIO + SAN BERNARDINO + SAN DIEGO + SAN FRANCISCO + SEATTLE + TAMPA + TEMECULA + TUCSON + WICHITA

#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

Topridge Associates LLC

SUBJECT:

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:

Barbara Freas

Name of Person

Lewis Brisbois Bisgaard & Smith LLP

Firm/Company

110 S.E. 6 Street, Suite 2600

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

Barbara.Freas@lewisbrisbois.com

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

For further information concerning this matter, please call:

Barbara Freas		954 at (	495-22	08
Name	of Contact Person	Area Code	Day	time Telephone Number
MAILING ADDRESS	•	1	STREET	ADDRESS:
Division of Corporation	S		Division	of Corporations
Registration Section				on Section
P.O. Box 6327			Clifton B	
Tallahassee, FL 32314			2661 Exe	cutive Center Circle
		Tallahassee, FL 32301		
Enclosed is a check for the follow	ving aprount:			
🗆 \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy	Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2015

BARBARA FREAS LEWIS BRISBOIS BISGAARD & SMITH LLP 110 S.E. 6TH STREET, SUITE 2600 FORT LAUDERDALE, FL 33301

SUBJECT: TOPRIDGE ASSOCIATES LLC Ref. Number: W15000039322

We have received your document for TOPRIDGE ASSOCIATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual orbusiness entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

Please return 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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 215A00011794

www.sunbiz.org



110 SE 6<sup>th</sup> Street, Suite 2600 Fort Lauderdale, Florida 33301 Telephone: 954.728.1280 Fax: 954.728.1282 www.lewisbrisbois.com

BARBARA FREAS DIRECT DIAL: 954.495-2208 BARBARA, FREAS@LEWISBRISBOIS.COM June 12, 2015

# VIA FEDEX

Maryanne Dickey, Regulatory Specialist II Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Re: Application by Foreign Limited Liability Company for Authorization to Transact business in Florida for Topridge Associates LLC

Dear Ms. Dickey:

As requested, I have corrected the title of Heidi Steiger to MGRM.

If you have any questions, please contact me at the telephone number listed above.

Very truly yours,

**Barbara Freas** 

LEWIS BRISBOIS BISGAARD & SMITH LLP

BF Attachment

> ALBUQUERQUE + ATLANTA + BEAUMONT + BOSTON + CHARLESTON + CHICAGO + DALLAS + DENVER + FORT LAUDERDALE + HOUSTON + LA QUINTA LAFAYETTE + LAS VEGAS + LOS ANGELES + MADISON COUNTY + NEW ORLEANS + NEW YORK + NEWARK + ORANGE COUNTY + PHILADELPHIA + PHOENIX SACRAMENTO + SAN BERNARDINO + SAN DIEGO + SAN FRANCISCO + SEATTLE + TAMPA + TEMECULA + TUCSON + WICHITA

#### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

#### Topridge Associates LLC ŧ

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Liability Company," "L.L.C,	Iternate name adopted for the purpose of t " or "LLC.")	ransacting business in Florida	i. The alternate name m	uist include "Lir	nited
2. Delaware		38-3702829			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(PEI nur	mber, if applicable)	······································	-
4					
	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration	n.)	Iu	
5. 6782 N. Ocean Boules				<u> </u>	л
Ocean Ridge, Florida					
	(Street Address of Princ	ipal Office)			Л
6. 6782 N. Ocean Boulev	ard				ខ្លា
Ocean Ridge, Florida	33435			⊃, ·	
·	(Mailing Addr	c5S)			
7. Name and street addres	ss of Florida registered agent: (P.O. B	lox <u>NOT</u> acceptable)			
Name:	Paracorp Incorporated				
Office Address:	155 Office Plaza Drive, 1st Floor				
	Tallahassee	. Florida	32301		
Dogisteral agant's again	(City)		(Zip code)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Heidi Steiger, MGRM

6782 N. Ocean Boulevard

Ocean Ridge, Florida 33435

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Sterger Signature of an authorized

(In accordance with section 605.0203, F.S., 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.)

Heidi Steiger

# STATE OF FLORIDA

# **REGISTERED AGENT CONSENT FORM**

 $\overline{\mathcal{O}}$ 

5 JUH 15 PH 2: 42

DATE: 5/13/2015

,

. . . .

ENTITY NAME: TOPRIDGE ASSOCIATES LLC

### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Caste

Sharon Cooke, Assistant Secretary Paracorp Incorporated



The First State

PAGE 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOPRIDGE ASSOCIATES LLC" IS-DULX 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 FOURTEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOPRIDGE ASSOCIATES LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 2377912

DATE: 05-14-15

3730693 8300

150676589 You may verify this certificate online at corp.delaware.gov/authver.shtml