M17000005407

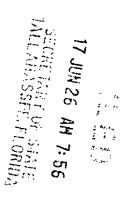
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800299355688

05/23/17--01028--012 **160.00





COVER LETTER

TO :	Registration Section Division of Corporations	
	To The Top Enterprises LLC.	

SUBJECT:		Name of I	Limited Liability Con	npany	
		eign Limited Liability Comp d to register the above refere			
Please return all	l correspondence o	oncerning this matter to the	following:		
	Bradley N Gler	up			
		Na	ame of Person		
	To The Top En	terprises LLC.			
		Fi	rm/Company		
	1110 Lenox Av	e.			
	- /		Address		· · · · · · · · · · · · · · · · · · ·
	Utica ,N.Y. 13	502			
		City/St	tate and Zip Code		
	tothetopenterpris	esllc@yahoo.com			
		E-mail address: (to be used	l for future annual rep	oort notification)	
For further info	rmation concerning	g this matter, please call:			
Bradle	ey N Glerup		315 :	269-1521	
	Name o	f Contact Person	Area Code	Daytime Telephone Nu	ımber
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314		Di Ro Cl 26	ivision of Corporations egistration Section lifton Building 661 Executive Center Circulallahassee, FL 32301	ic
	neck for the follow 5.00 Filing Fee	ing amount: \$\Bigsize \text{\$\text{\$130.00 Filing Fee & Certificate of Status}}\$	□ \$155.00 Filing F Certified Copy	Fee & \$160.00 Filing of Status & Certi	

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

IN COMPLIANCE WITH SECTION 66500D, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FORESCEN LIMITED LIABILITY.

(DMPANYTO)TRANSACTRI SENESS IN THE STATE OF FLORIDA:

(Name of For	es LL.C. reign Limited Liability Company; must include	de "Limited Liability Common " of L	
(Name of Col	Cign Limited Diseases, 1 and 1	C.L.C.,	or "LLC.")
If name unavailable, enter a .iability Company," "L.L.C.	alternate name adopted for the purpose of tran	sacting business in Florida. The alternate of	ame must include "Limited
Nevada	3.	n/a	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
Upon exception			
	(Date first transacted business in Flu (See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	
10521 Cogswell Ave.			
Las Vegas "NV 89134			_
11101 - A	(Street Address of Principal	Office)	
1110 Lenox Ave.			_
Utica, NY 13502			
	(Mailing Address)		
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Jennifer Rappahahn		
Office Address:	3045 Darlington Rd.		
	Hotiday	Florida 34691	
	(City)	(Zip cude)	_
esignated in this applica complywith the provisi	gistered agent and to accept service of priction, I hereby accept the appointment as towns of all statutes relative to the proper as my position as registered agent.	registered agent and agree to act in thi nd complete performance of my duties. WAMM	is capacity. I further agre
The same side or con-		_	SSS 26
	city and address of the person(s) who has/ enox Ave. Utica .NY 13502	have authority to manage is/are: Manager	Te a m
athleen M Babicz 5411 I	Michell RD, Verona NY 13478	Manager	7 7 7
			<u> </u>
	of existence, no more than 90 days old, dul	ly authenticated by the official having co	ustody of records in the
Attached is a certificate or risdiction under the law of the translator must be suited.	Brille 1	s in a torcigit tanguage, a translation of t	the certificate under oath
the translator must be su		mized person	the certificate under oath

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TO THE TOP ENTERPRISES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 28, 2016, and is in good standing in this state.

AEVAD.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 20, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170620-0568
You may verify this electronic certificate
online at http://www.nvsos.gov/