# M17000001744

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
cert W17-58103

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S. WARREN AUG 0 8 2017



July 13, 2017

JOSHUA O. DORCEY, ESQ 10181-C SIX MILE CYPRES PKWY FORT MYERS, FL 33966

SUBJECT: TOP TOWERS, LLC Ref. Number: W17000058103

We have received your document for TOP TOWERS, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 117A00014220

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Top Towers, L	LC			
SUBJECT:		ited Liability (	ompany	
The enclosed "Application by Foreign Limited Existence, and check are submitted to register				
Please return all correspondence concerning to	his matter to the foll	owing:		
Joshua O. D	orcey, Es	sq.		
	Name	of Person		
The Dorcey	Law Firm	, PLC		
	Firm/	Company		<del></del>
10181-C Six	Mile Cyp	ress P	kwy	
	Α	ddress	_	
Fort Myers, I	Florida 33	3966		
	City/State	and Zip Code		<del></del>
Josh@Dorce	yLaw.cor	n		
E-mail add	dress: (to be used fo	r future annual	report not	itication)
For further information concerning this matter	, please call:			
Joshua O. Dorce	y a	239	,418	5-0169
Name of Contact Po	erson	Area Code	Day	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Taliahassee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check for the following amount:  ☐ \$125.00 Filing Fee	Filing Fee & 💢 🗆	l \$155,00 Filin ertified Copy	g Fee &	☐ \$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:

(If name unavailable, enter alternate i	iame adopted for the purpose of transacting business.	in Florida. The alternate name must include "Limited Li	iability Company," "L.L.C," or "LLC,")
₁ Wyoming		3 82-1597146	
	hich foreign limited liability company is organized)		nber, (Lapplicable)
4.			
·	(Date first transacted business in Florida, if pri (See sections 602,0904 & 605 0905, F.S. to de	nor to registration ) etermine penalty hability)	
<sub>5.</sub> 10181-C Six Mile		6. 10181-C Six Mile C	vpress Pkwv
(Street Address of I	Principal Office)	(Mailing Ad	dress)
Fort Myers, Florid	1a 33966	Fort Myers, Florida	33966
	<u> </u>		<del></del>
	om in the second	n Nor	T A
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)	5
Name:	DLF Registered Agent Sei	rvice, LLC	一次 一下
Office Address:	10181-C Six Mile Cypress	Pkwy	32 0
	Fort Myers	33066	<u> </u>
	(Car)	Florida 33966	<del></del>
Registered agent's accep	•	1-11/2-1-	Ti
		1	
Having been named as re	gistered agent and to accept service	of process for the above stated limite	
Having been named as re designated in this applica	egistered agent and to accept service tion, I hereby accept the appointme	nt as registered agent and agree to ac	t in this capacity. I further agre
Having been named as re designated in this applica to comply with the provis	egistered agent and to accept service tion, I hereby accept the appointme ions of all statutes ret <del>utive</del> to the pro	nt as registered agent and agree to ac oper and complete performance of my	t in this capacity. I further agre
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## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### Top Towers, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 12, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000749657**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of August, 2017 at 8:57 AM. This certificate is assigned 023765423.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.