

M20000611493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

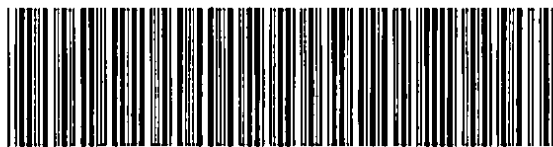
(Document Number)

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12/12/20

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Top Of The Hill 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:

leonard goldstein
Name of Person

top of the hill llc
Firm/Company

11 east wharf road
Address

waterford ct 06385
City/State and Zip Code

topofthehill960@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

leonard goldstein at (860) 326-6839
Name of Contact Person Area Code Daytime Telephone Number

<u>Mailing Address:</u>	<u>Street Address:</u>
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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:

Company Name: op of the hill llc

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

Principal Office: op of the hill ct llc

If principal office is not in Florida, and if the alternate name is not available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

State of Incorporation: onnecticut

20-3765955

3.

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

Principal Office Address: 11 east wharf road

11 east wharf road

6.

(Mailing Address)

(Address of Principal Office)

06385 waterford ct

waterford ct 06385

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

~~Leonard~~ goldstein
Leonard

Office Address:

24610 ivory cane drive unit 202

bonita springs

34134

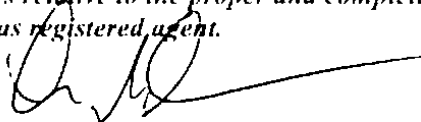
, Florida

(City)

(Zip code)

Registered agent's acceptance:

I, 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 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)

. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>leonard goldstein</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11 east wharf road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>waterford ct 06385</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

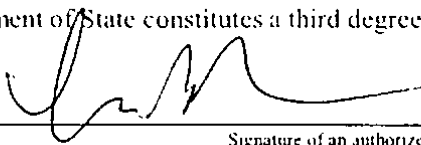
<input checked="" type="checkbox"/> Manager	Name: <u>helen goldstein</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11 east wharf road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>waterford ct 06385</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

leonard goldstein

Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

TOP OF THE HILL, LLC

a domestic limited liability company, were filed in this office on November 10, 2005. The following is
a list of all documents filed in this office:

Filing Type: -----	File Date/Time: -----	Effective Date/Time: -----
CERTIFICATE OF ORGANIZATION	November 10, 2005 03:00 PM	
REPORT (2006)	December 04, 2006 08:30 AM	
REPORT (2007)	December 08, 2007 11:25 AM	
REPORT (2008)	November 07, 2008 11:37 AM	
REPORT (2009)	November 27, 2009 03:11 PM	
REPORT (2010)	December 27, 2010 04:49 PM	
REPORT (2011)	November 05, 2011 05:17 PM	
REPORT (2012)	April 06, 2013 12:42 PM	
CHANGE OF AGENT FOR SERVICE OF PROCESS	April 11, 2013 08:30 AM	
REPORT (2013)	November 09, 2013 03:17 PM	
REPORT (2014)	October 20, 2014 05:02 PM	
REPORT (2015)	March 07, 2016 12:38 PM	
REPORT (2016)	November 09, 2016 03:57 PM	
REPORT (2017)	October 23, 2017 11:40 AM	

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Office of the Secretary of the State of Connecticut

REPORT (2018)	January 30, 2018 12:56 PM
REPORT (2019)	February 11, 2019 12:55 PM
REPORT (2020)	March 03, 2020 04:39 PM

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.



Secretary of the State

Date Issued: December 03, 2020

7
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