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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/10/2022	
Name:	Marcel Ogbonna-Amu	
Reference #	1568958	
	TOP-SHELF PROCESSING,	LLC
✓ Article	es of Incorporation/Authorization to Transact Busin	ess
Amer	ndment	
☐ Chan	nge of Agent	ANY ISSUES, CALL
Reins	statement	(518) 213 - 0826
Conv	version	Thank you!
☐ Merg	er	
☐ Disso	plution/Withdrawal	
Fictiti	ious Name	
Other	r	
Authorized A	Amount: \$125.00	
Signature:	Marcol og konen- Amer	

COVER LETTER

TO:

то:	Registration Section Division of Corporations
SUBJE	Top-Shelf Processing, LLC
SUDJE	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please 1	eturn all correspondence concerning this matter to the following:
	Marc Erikson
	Name of Person
	Top-Shelf Processing, LLC
	Firm/Company
	320 S County Road 5
	Address
	Fort Collins, Colorado 80524
	City/State and Zip Code
	info@licenseandcomplianceresource.com
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Max Lewis 828 333-5172
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee \$\Bigsiz \\$130.00 Filing Fee & \Bigsiz \\$155.00 Filing Fee & \Bigsiz \\$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

Jop- helf
PROCESSING

(970) 281-717 pros@mytspros.com NMLS 2189586 320 S County Road 5 Fort Collins, CO 80524

January 7, 2022

Florida Department of State Division of Corporations 500 South Bronough Street Tallahassee, Florida 32399

To whom it may concern:

With this letter I hereby give permission for Top-Shelf Processing, LLC to use their corporate name in Florida.

Please let me know if you are in need of any additional information.

With kind regards,

Dana Lang

Secretary

2022 **JAN-5 AM 8: 28**

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:

Top-Shelf Processing, LLC

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

(Name of	Foreign Limited Liability Company; must include	le "Limited Liability Com	pany," "L.L.C.,	" or "LLC.")		_
(If name unavailable, enter a	alternate name adopted for the purpose of transacting bus	iness in Florida. The alternate	name must include	e "Limited Liability (Company," "L.L.C," o	r "LLC.")
ว	Colorado	anized) 3		87-159616	34	
(Jurisdiction under the	Law of which foreign limited liability company is organi		(FEI number, if applicable)			_
l.	Upon Quali	fication				
·	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S	, if prior to registration.) i, to determine penalty liability)		_	
320 S C	S County Road 5	6.	320 S County Road 5			
	idress of Principal Office)	0		(Mailing Address)		
Fort Collins, Colorado 80524			Fort Collins, Colorado 80524			
. Name and street	address of Florida registered agent: (P	O. Box NOT accept	table)		70.2.2.0 20.0.2.2.0 70.2.2.0 DE	
Name:	COGENCY GLC	BAL INC.	_		25 SEC. 2-6	مد الما
Office Add	dress: 115 North Calhour	St. Suite 4	_		- 15 Am - 15	0.
_	Tallahass		_ , Florida _	32301	2 2	
	(City)			(Zip code)		

Registered agent's acceptance:

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.

Exis B. Haad ERIC HOOD, Assistant Secretary

(Registered agent's signature)

8. 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Jon Wojtowicz Marc Erikson Name: Name: Manager Address: 320 S County Road 5 Address: 320 S County Road 5 **⋉**Member Member 1 Fort Collins, Colorado 80524 Fort Collins, Colorado 80524 Authorized Authorized Person Person Other Other Other Other Dana Lang Manager Name: Name: Address: 320 S County Road 5 × Member [Member Address: Fort Collins, Colorado 80524 Authorized Authorized Person Person Other Other____ __Other____ Other__ ___ Manager Name: ■ Manager Member Address: Member Address: ____ Authorized Authorized Person Person Other Other____ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. Dana Lang
Signature of an authorized person Dana Lang

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Top-Shelf Processing, LLC

is a

Limited Liability Company

formed or registered on 02/26/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191177818.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/04/2022 that have been posted, and by documents delivered to this office electronically through 01/05/2022 @ 13:43:14.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/05/2022 @ 13:43:14 in accordance with applicable law. This certificate is assigned Confirmation Number 13697673



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names "and velect"Frequently Asked Questions."