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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE 1031 EXCHANGE CONNECTION INC.
Account Number : I20220000045
Phone : (239)659-1031
Fax Number : (239)228-7604

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
TOPSAIL DRIVE, LLC

Certificate of Status	:1
Certified Copy	:0
Page Count	:04
Estimated Charge	\$130.00

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DIVISION OF CORP. FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOPSAIL DRIVE, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:GEORGE WILSON, MANAGERSAME2611 TWIN EAGLES DRTRAVERSE CITY, MI 49686

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

FLEATCO HOLDINGS LLC

Name

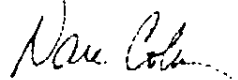
9471 ISLES CAY DRFlorida street address (P.O. Box **NOT** acceptable)DELRAY BEACHFL33446

City

State

Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

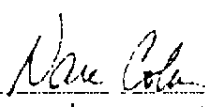
"MGR" = Manager

Name and Address:AMBRFLEATCO HOLDINGS LLC9471 ISLES CAY DRDELRAY BEACH, FL 33446MGRNACE COHEN, CPA9471 ISLES CAY DRDELRAY BEACH, FL 33446MGRMICHAEL ELORANTO9471 ISLES CAY DRDELRAY BEACH, FL 33446MGRGEORGE WILSON2611 TWIN EAGLES DRTRAVERSE CITY, MI 49686

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2025 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.REAL ESTATE INVESTMENT.**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.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.NACE COHEN

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)