Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

R.I. DEST. OF STATE
BUS SYON DIV
2017 JAN 24 AN 10: 28

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:	•					
	Top Echelon Network, LLC						
	This company has been duly organized in its state of formation	as a low-profit limited liabil	ity company, (Check box	if applicable)		
2.							
3.	The limited liability company is organized under the laws	of DE			~		
4.	The date of its organization is 12/31/2015				# 27 17 17 17 17 17 17 17 17 17 17 17 17 17		
5.	The period of duration of the limited liability company is (i	if perpetual, so state)	Perpetual				
6.	The address of the limited liability company's resident ag-	3					
	222 Jefferson Boulevard Suite 200	Warwie	ck	, RI	=02888		
	(Street Address, not P.O. Box)	(City/Towr	1)	·' · · · ·	(Zip Code)		
	and the name of the resident agent at such address is	Согро	ration Servic	e Compa	ny		
7. 8.	The secretary of state is appointed the agent of the fore time there is no resident agent or if the resident agent cardiligence. The address of any office required to be maintained in limited liability company is organized is:	nnot be found or serv	ed following	the exe	ercise of reasonable		
	The mailing address for the limited liability company is: 4883 Dressler Road NW, Suite 203, Canton, Ohio 44718		FILE	ED_			

Form No. 450 Revised: 07/12 FEB 10 2017 BY A.A. 11.19 A.M.

		•			
10.	•	Management of the Limited Liability	Company (check <u>one</u> only):		
	Α.	The limited liability company is to be No. 11 – DO <u>NOT</u> LIST ANY NAME	e managed by its members. (If you have checked this box, go to item ES IN SECTION B.)		
			<u>or</u>		
	В.	The limited liability company is to company has managers at the taddress of each manager.)	liability company is to be managed by one (1) or more managers. (If the limited liability has managers at the time of the filing of these Articles of Organization, state the name and each manager.)		
		<u>Manager</u>	<u>Address</u>		
	See attached list of Managers.				
	<u></u>				
11.	This aut	s application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other thorized officer of the jurisdiction under which the foreign limited liability company was organized.			
			is to become effective, if later than the date of filing, is:		
Upon filing.					
	(not prior to, nor more than 30 days after, the filing of this Application for Registration)				
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.		
Date	:	10/18/2016	Top Echelon Network, LLC		
		• •	Print Exact Name of Limited Liability Company Making Application		
		v	By Mil?		
			Signature of Authorized Person		

Top Echelon Network, LLC List of Managers

Michael J. Kappel 4883 Dressler Road NW Canton, Ohio 44718

Catherine Berni Sackett 4883 Dressler Road NW Canton, Ohio 44718

Michael A. Wheeler 4883 Dressler Road NW Canton, Ohio 44718

Todd B. Schmitt 4883 Dressler Road NW Canton, Ohio 44718

Mark Demaree 4883 Dressler Road NW Canton, Ohio 44718

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TOP ECHELON NETWORK, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOP ECHELON NETWORK, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

R.I. DEPT, OF STATE BUS SYCS DIV 2017 JAN 24 AM 10: 28

TANYS OCCUPANT OF THE PARTY OF

5923340 8300

SR# 20167096126

Authentication: 203520234

Date: 12-15-16

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

