P14000035916

(Requestor's Name)				
(Address)				
(Address)				
. (City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(В	usiness Entity Nan	ne)		
(De	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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03/21/14--01015--005 **78.75





COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: US/	A TOP HOMES,	NC	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: A	NNELI ALUS	e (Printed or typed)	
6	500 BRIDGEWA		IIT 301
P	ANAMA CITY BE		07
		, State & Zip	
8:	505968045	Telephone number	
1A	NELIALUS@YAHO	•	
<u>- 11</u>		ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	tion shall be: USA TOP HOMES	S,INC	,.
ARTICLE II PRINCIPAL OFFICE Principal street address 6500 BRIDGEWATER WAY PCB FL 32407		Mailing address, if different is: P.O.BOX 18012 PCB FL32417	
			7
ARTICLE IV SHA	IRES 40		MAR 21
	stock is: TU TAL OFFICERS AND/OR DIRECTOR: ::ANNELI ALUS	S Name and Title:	PH 2:25
Address	6500 BRIDGEWATER WAY UNIT 301 PCB FL 32407	Address:	
Name and Title:		Address:	
Name and Title: Address			

Name	and Title:	Name and Title:
Addr	ress	Address:
		
ARTICLE V		
The name and	I Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	ANNELI ALUS	
Address:	6500 BRIDGEWATER WAY	
	PCB FL 32407	
ARTICLE V	II INCORPORATOR	
The name and	l address of the Incorporator is:	
Name:	ANNELI ALUS	•
Address:	6500 BRIDGEWATER WAY	
	PCB FL 32407	
	, I am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Eller	03.18.2014
	Required Signature/Registered Agent	Date
	document and affirm that the facts stated herein are t he Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	Mur	03, 18, 2014
	Required Signature/Incorporator	Date

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