

P17000089348

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000291090 3)))



H170002910903ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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 PROFIT/NON PROFIT CORPORATION
TOP PLUS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS
NOV 07 2017

2ND REQUEST

17 NOV -6 PM 5:46

REGISTRATION SERVICES

17 NOV -6 PM 3:33
CALL CENTER FLORIDA

H17000291090

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Top Plus Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

16855 SW 200 St Miami FL 33187

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

President: Ailin de los A fernandez
V. President: Ricardo Guillermo Crespo
TREASURER: Maria E Cardona - Crespo

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maria E Cardona - Crespo
16855 SW 200 St
Miami FL 33187

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Maria E Cardona - Crespo
16855 SW 200 St
Miami FL 33187

H17000291090

CALL ASSET FLORIDA

17 NOV -6 PM 3:33

JED

H17000291090

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Harold E. Lazarus, Corp 11/03/17
Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Harold E. Lazarus, Corp 11/03/17
Incorporator Date

17 NOV -6 PM 3:33
TALLAHASSEE, FLORIDA

H17000291090