# F06000007789

(Requestor's Name)  (Address)  (Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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SECRITARY OF STATE.

J. Sthrete MOV 29 2006

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: TOPINKA	INCORPORATED
SUBJECT: TOPINKA (Name of	corporation - must include suffix)
Dear Sir or Madam:	
	oration for Authorization to Transact Business in Florida," mitted to register the above referenced foreign corporation to
Please return all correspondence concerning t	this matter to the following:
TOSEPH	TOPINKA
	TOPINKA (Name of Person)
TOPINKA	(Firm/Company)
	(Firm/Company)
13446 HEALD LANE	# 3 B (Address)
	(Address)
FORT MYER	LS FLORIDA 33908  City/State and Zip code)
(C	City/State and Zip code)
For further information concerning this matte	or, please call:
JOHN ROBERTO CPK at	(Area Code & Daytime Telephone Number)
	M 1:01
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, P.D. 32314
Enclosed is a check for the following amount	:
\$70.00 Filing Fee \$78.75 Filing Fee  Certificate of St	

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TOPINKA TROCREPATED (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	Florida)	
2.	(State or country under the law of which it is incorporated)  3. 30-017 1998 (FEI number, if applicable)		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4.	. 6-11-2007 5. FERFETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "per		
	(Date of incorporation) (Duration: Year corp. will cease to exist or "per	petual")	
6.			
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7	13446 HEALD LANE # 3 B FORT MYERS FL 33908		
<i>'</i> · ·	(Principal office address)		
	SAME		
	(Current mailing address)		
8	SALE ELECTRIC MOTORS	7 ST(	C C
٠.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		3
9.	. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	ATT WAS SEED TO STATE OF THE BEAUTY OF THE B	
	Name: JOSEPH TOPINKA	TAL STATE	ED
Of	Office Address: 13446 HEALD LANE #3-B	JAVE 10:	
	FORT MYERS , Florida 33908 (Zip code)		

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_ Address: \_\_\_\_\_ Vice Chairman: Address: \_\_\_\_\_ Director: Address: Director: Address: \_\_\_\_ **B. OFFICERS** President: TOSEPH TOPINKA Address: 13446 HEALD LADE #3 B FORT MYERS FL 33908 Vice President: Address: Secretary: Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)

Treasurer:

Address: \_\_\_\_

TOSEPH TOPINKA

(Typed or printed name and capacity of person signing application)

# COMMONWEALTH OF PENNSYLVANIA

#### **DEPARTMENT OF STATE**

# **NOVEMBER 15, 2006**

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

# **TOPINKA INCORPORATED**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 6356308-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp