# F170000002769

(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
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05/24/17--01016--016 \*\*78.75

06/19/17--01035--001 \*\*777.50

17 JUN 16 PM 3: 01
SECRETARY OF STATE

S. WARREN JUN 1 9 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2017

BRAD ARMSTRONG 235 N. MOORPARK ROAD, BOX 2126 THOUSAND OAKS, CA 91358

SUBJECT: TOP TIER CONSULTING, INC.

Ref. Number: W17000044697

We have received your document for TOP TIER CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00010604

### **COVER LETTER**

TO: Registration Secti	ion			
Division of Corpo				
	nsulting, Inc.			
SUBJECT:	Name of cor	poration -	must include suffix	
Dear Sir or Madam:				
The enclosed "Applicatio "Certificate of Existence, above referenced foreign	" or "Certificate of Go	ood Stand	ing" and check are sub	
Please return all correspo Brad Armstrong, President	ndence concerning th	is matter t	o the following:	
Top Tier Consulting	N	lame of Pe	erson	
235 N. Moorpark Rd., Box		rm/Comp	any	
Thousand Oaks, CA 91358		Addres	S	
barvie.koplow@t2c.com an			l Zip code	
	E-mail address: (to l	oe used fo	r future annual report r	notification)
For further information co	oncerning this matter,	please ca	11:	
Barvie Koplow		23	696-5181	
Name of Person		rea Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for th	e following amount:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

#### 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. Top Tier Consulting, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Top Tier Consulting T2C, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 20-2090993 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) 2/1/2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 235 N. Moorpark Rd., Box 2126, Thousand Oaks, CA 91358 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Bill Havre Name: Registered Agents, Inc. 3030 N. Rocky Point Dr., Ste. 150A Office Address: Tampa 9. 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)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRE	ECTORS
Chairman	Brad L. Armstrong
Address:	235 N. Moorpark Rd, Box 2126
	Thousand Oaks, CA 91358
Vice Chai	fman:
Address:	
Director:	Christopher J. Downey
Address:	235 N. Moorpark Rd, Box 2126
	Thousand Oaks, CA 91358
Director:	Gregory E. Anderson
Address:	235 N. Moorpark Rd, Box 2126
	Thousand Oaks, CA 91358
B. OFF	Brad L. Armstrong
	235 N. Moorpark Rd., Box 2126
Address:	Thousand Oaks, CA 91358
Vice Pres	
Address:	235 N. Moorpark Rd., Box 2126
	Thousand Oaks, CA 91358
Secretary	
Address:	235 N. Moorpark Rd., Box 2126, Thousand Oaks, CA 91358
Treasurer	Christopher J. Downey
Address:	235 N. Moorpark Rd, Box 2126, Thousand Oaks, CA 91358
<b>NOTE:</b> 12	If necessary, you may attach an addendum to the application listing additional officers and/or directors.  Bud Climstons  Gignature of Director or Officer
are true a a third de Brad	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.
	(Typed or printed name and canacity of person signing application)

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

TOP TIER CONSULTING

FILE NUMBER: FORMATION DATE:

C2712746

TYPE:

12/17/2004

JURISDICTION:

DOMESTIC CORPORATION CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 17, 2017.

ALEX PADILLA Secretary of State