

**F24000001059**

Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
TOPSHELF NETWORK INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2024 FEB 23 PM 12:26

2024 FEB 23 AM 9:19

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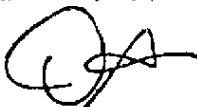
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*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. TOPSHELF NETWORK INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. NEW YORK 3. 451612829  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/15/2011 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 02/01/2024  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8804 GLENISTAR GATE AVE LAS VEGAS NV 89143  
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: DEMETRA SIMOS  
Office Address: 200 WRANGLEWOOD DRIVE  
WELLINGTON, Florida 33414  
(City) (Zip code)

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

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

## A. DIRECTORS

Chairman: DEMETRA SIMOS

Address: 8804 GLENISTAR GATE AVE LAS VEGAS NV 89143

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: DEMETRA SIMOS

Address: 8804 GLENISTAR GATE AVE LAS VEGAS NV 89143

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

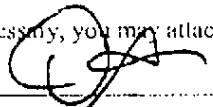
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. DEMETRA SIMOS  
(Typed or printed name and capacity of person signing application)

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	TOPSHELF NETWORK INC.
DOS ID Number:	4082205
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/15/2011
Statement Status:	CURRENT
Statement Due Date:	04/30/2025

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

WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on February 23, 2024 at 12:01 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



By Brendan C. Hughes  
Executive Deputy Secretary of State