

PO30000 88191

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

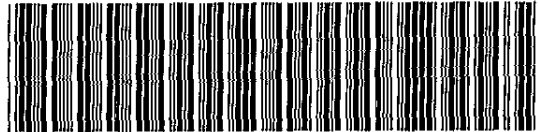
(Business Entity Name)

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TALLAHASSEE, FLORIDA

TS  
8/12/03

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Topline Construction Services of  
Southwest Florida, Inc.

☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☐ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
☐ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I NAME**

The name of the corporation shall be: **Topline Construction Services of Southwest Florida, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is: **5100 S. Cleveland Avenue  
Suite 318  
Ft. Myers, FL 33907**

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Contractor services and any other business so allowed by law.**

### **ARTICLE IV SHARES**

The number of shares of stock is: **Ten Thousand (10,000) shares.**

### **ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)**

The name(s) and address(es): **Flint D. Bell – Vice President/Secretary  
990 B Road  
LaBelle, Florida 33935**

**R. Stoney Bates- President  
5100 S. Cleveland Ave.  
Suite 318  
Ft. Myers, FL 33907**

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### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: **Flint D. Bell  
990 B Road  
LaBelle, Florida 33935**

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **Flint D. Bell  
990 B Road  
LaBelle, Florida 33935**

.....

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.

  
\_\_\_\_\_  
Signature/Registered Agent

8/8/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/8/03  
\_\_\_\_\_  
Date

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