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(Requestor's Name)		
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE

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## TRANSMITTAL LETTER

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

Department of State

\$78.75 Filing Fee

& Certificate of Status

**⊠**\$78.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

## 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: PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: The purpose for which the corporation is organized is: TOP STATE DAYWA ARTICLE IV SHARES The number of shares of stock is: 600 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ARTICLE VII The name and address of the Incorporator is: 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 Agen

rature/Incorporator