

P05000023155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

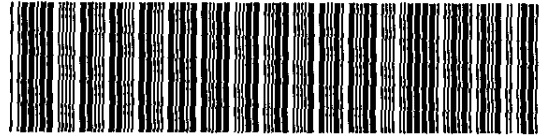
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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05 FEB 15 AM 9:22

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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05 FEB 15 AM 9:16

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: TOPE Line Holding Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Sharon Wolk  
Name (Printed or typed)

1003-A Capital Circle NW  
Address

TALL FL 32304  
City, State & Zip

850-576-2100  
Daytime Telephone number

**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)

**FILED**

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**ARTICLE I NAME**

The name of the corporation shall be: *TOP Line Holdings Corporation*  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *TOP Line TRANSMISSIONS +  
Auto Repair  
1003 A Capital Circle NW  
TALL FI 32304*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: *1000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

*Shawn Wolking President + CEO*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Shawn Wolking  
1003 A Capital Circle NW  
TALL FI 32304*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Shawn Wolking  
1003 A Capital Circle NW  
TALL FI 32304*

\*\*\*\*\*

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

*Shawn Wolking*  
\_\_\_\_\_  
Signature/Registered Agent

*Shawn Wolking*  
\_\_\_\_\_  
Signature/Incorporator

*2-15-05*  
\_\_\_\_\_  
Date

*2-15-05*  
\_\_\_\_\_  
Date