F0500063173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



800051087928

OS APR 27 AM 7: 50

04/27/05--01021--012 **87.50

- -

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM: <u>Arci</u> , . Welliever Name (Printed or typed)
8566 NW 8th Street
Miami, FC 33126
254-328-4101 Daytime Telephone number

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

ARTICLES OF INCORPORATION	SECRET FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	DIVISION OF CORP. STATE
ARTICLE I NAME	OF ROD -
The name of the corporation shall be:	05 APR 27 AM 7: 50
On Too Consulting Tro	00
On Top Consulting, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	•
8566 NW 8th Street	
m'iami, FL 33126	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	·
Business Consulting	
Business Consulting	
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):	
Darci J. Welliever, President-CEO	
,	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered	agent is:
Darci J. Welliever 8566 NW 8th Street	
8566 NW 8th Street	
Miani FL 33126	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Darci Welliever	
Well with other of the	
8566 NW 8th Street	. •

Having been named as registered agent to accept service of process for the above stated corporati	on at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in thi	s capacity
Maria Maladrine	1/00/00
Signature/Registered Agent	Date
)	
Davis O William 4	1/23/15
Signature/Incorporator	Date