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POL000129010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

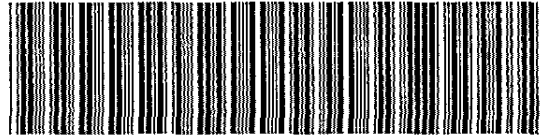
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06 OCT 10 PM 2:26
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STATE
10/10/06

J. Shivers OCT 10 2006

COVER LETTER

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

SUBJECT: Topcat Distribution, Inc.

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael Cataldo

Name (Printed or typed)

513 W Springtree Way

Address

Lake Mary, FL 32746

City, State & Zip

407-416-1478

Daytime Telephone number

SEAL
STATE
TALLAHASSEE
FLORIDA

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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:

Topcat Distribution, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

513 W Springtree Way Lake Mary, Fl 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Cataldo
513 W Springtree Way
Lake Mary, Fl 32746

ARTICLE VI REGISTERED AGENT

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

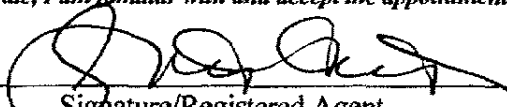
Cynthia Cataldo
513 W Springtree Way
Lake Mary, Fl 32746

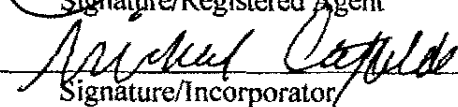
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cynthia Cataldo
513 W Springtree Way
Lake Mary, Fl 32746

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


Signature/Incorporator

10-09-06

Date
10/29/06

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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