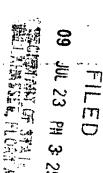
000062956

(Requestor's Name) (Address)			
(Address)	300158728953		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	07/23/0901022022 **78.75		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	99		
Special Instructions to Filing Officer:	JUL 23 PH 3: 29		

Office Use Only



COVER LETTER

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

SUBJECT:	A TOP NO-	tched Ap	proach
	(PROPO\$ED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
FROM:	Shirley E. Name		
	/	Address	
1	ake Placed F	L 33852 - State & Zip	7868
	863) 465-5765 Daytime T		and the second s
5	E-mail address: (to be used		notification)

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: A Top Notched Approach, Inc.		09 .	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 304 Durham Ave Lake Placid, FL 33852-7868		JUL 23 PH 3:	FILED
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provide Educational Services ie tutoring	er and a series of the series	29	
ARTICLE IV SHARES The number of shares of stock is:			
List name(s), address(es) and specific title(s): Shirley E. Wilson 304 Dur ham Ave Lake Placid, FL 33852-7868 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is Shirley E. Wilson 304 Dur ham Ave Lake Placid, FL 33852-7868 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Shirley E. Wilson 304 Durham Ave Lake Placid, FL 33852-7868 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Shirley E. Wilson 304 Durham Ave Lake Placid, FL 33852-7868	s:	-	
Having been named as registered agent to accept service of process for the above states place designated in this certificate, I am familiar with and accept the appointment as regree to act in this capacity Author Author Signature/Registered Agent Signature/Incorporator Description Description	_		
\mathcal{O}_{ℓ} .			