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7-24-09

**COVER LETTER**

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

SUBJECT: A Top Notched Approach  
(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: Shirley E. Wilson  
Name (Printed or typed)

304 Durham Ave  
Address

Lake Placid, FL 33852-7868  
City, State & Zip

(863) 465-5765  
Daytime Telephone number

Swilson@Sunbeltair.org.net  
E-mail address: (to be used for future annual report 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.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

304 Durham Ave  
Lake Placid, FL 33852-7868

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide educational services ie tutoring

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shirley E. Wilson  
304 Durham Ave  
Lake Placid, FL 33852-7868

Brenda Welch  
Garwood St  
Sebring, FL 33870

## ARTICLE VI REGISTERED AGENT

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

\*\*\*\*\*

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

Shirley E. Wilson  
\_\_\_\_\_  
Signature/Registered Agent

Shirley E. Wilson  
\_\_\_\_\_  
Signature/Incorporator

7/20/09  
\_\_\_\_\_  
Date

7/20/09  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 23 PM 3:29

FILED