

P11000070907

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

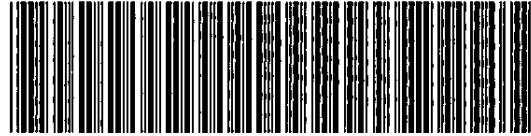
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W11000031016



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06/03/11--01022--002 **50.00

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06/03/11--01022--004 **5.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **TOPP KNOTCH PARTY PLANNERS 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: **Terry Joyce**
Name (Printed or typed)

705 E Alabama St
Address

Plant City, FL 33563
City, State & Zip

813)441-4003
Daytime Telephone number

mcewen_s@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2011

TERRY JOYCE
705 E ALABAMA STREET
PLANT CITY, FL 33563

SUBJECT: TOPP KNOTCH PARTY PLANNERS INC.
Ref. Number: W11000031016

We have received your document for TOPP KNOTCH PARTY PLANNERS INC. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 911A00013903

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: TOPP KNOTCH PARTY PLANNERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
703 E ALABAMA ST
PLANT CITY, FL 33563

Mailing address, if different is:
P.O. BOX 4402
PLANT CITY, FL 33563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS TO SERVE OUR PATRONS AND THEIR LOVE ONES, FAMILY AND FRIENDS WITH THE BEST QUALITY OF SERVICES. ADDED WITH THE PLANNING OF THE DELIGHTFUL DECOR, PHOTOGRAPHS, & REFRESHMENTS. IN THE CELEBRATION OF BIRTHDAYS, ANNIVERSARIES, GRADUATIONS, ETC. WE ARE MORE THAN EAGERED TO PLEASE OUR PATRONS.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SOPHIA MCEWEN President
Address: 703 E Alabama St
Plant City, FL 33563

Name and Title: Mary Johnson Treasurer
Address: 1403 E Laura St
Plant City, FL 33563

Name and Title: TERRY JOYCE Vice President
Address: 705 E Alabama St
Plant City, FL 33563

Name and Title: _____
Address: _____

Name and Title: Marcailla Smith Secretary
Address: 815 E Laura St
Plant City, FL 33563

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TERRY JOYCE
Address: 705 E ALABAMA ST
PLANT CITY, FL 33563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SOPHIA MCEWEN
Address: 703 E ALABAMA ST
PLANT CITY, FL 33563

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TALLAHASSEE, FLORIDA

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

TJ
Required Signature/Registered Agent

07-28-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sophia McEwen
Required Signature/Incorporator

07-28-11
Date