

P11000089083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

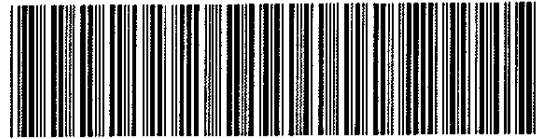
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
11 OCT 11 AM 10:38

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 11 AM 7:42

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TOP GUN TRAFFIC SCHOOLS INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

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☐ Photocopy

☐ Certificate of Status

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NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

TOP GUN TRAFFIC SCHOOLS INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7740 NW 5 STREET
Pembroke Pines FL 33024

Mailing address, if different is:

PO Box 840835
Pembroke Pines FL 33084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is to operate a traffic school in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristen Hernandez President
Address: PO Box 840835
Pembroke Pines FL 33084

Name and Title: _____
Address: _____

Name and Title: Felipe Hernandez Vice President
Address: PO Box 840835
Pembroke Pines FL 33084

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Felipe Hernandez
Address: 7740 NW 5 Street
Pembroke Pines FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Felipe Hernandez
Address: PO Box 840835
Pembroke Pines FL 33084

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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]
Required Signature/Registered Agent

10/10/2011
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.

[Signature]
Required Signature/Incorporator

10/10/2011
Date