

P/3000096410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

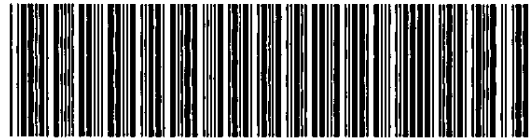
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/02/13--01011--015 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC -2 PM 2:05

[Handwritten signature]
12/3/13

COVER LETTER

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

SUBJECT: **TOP TEAM SOLUTION, 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: **JONATHAN AUMAITRE**

Name (Printed or typed)

448 LAKEVIEW DR, UNIT 2

Address

WESTON, FL 33326

City, State & Zip

305-967-3639

Daytime Telephone number

jaumaitre@gmail.com

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC -2 PM 2:05

ARTICLE I NAME

The name of the corporation shall be: TOP TEAM SOLUTION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

448 LAKEVIEW DR, UNIT 2
WESTON, FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONATHAN AUMAITRE / DIRECTOR

Address: 448 LAKEVIEW DR, UNIT 2
WESTON, FL 33326

Name and Title: MICHAEL AUMAITRE / DIRECTOR

Address: 189 LAKEVIEW DR, UNIT 204
WESTON, FL 33326

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

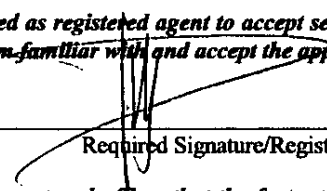
Name: JONATHAN AUMAITRE
Address: 448 LAKEVIEW DR, UNIT 2
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JONATHAN AUMAITRE
Address: 448 LAKEVIEW DR, UNIT 2
WESTON, FL 33326

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



Required Signature/Registered Agent

11/26/2013

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.



Required Signature/Incorporator

11/26/2013

Date