P1400003897

-				
(Requestor's Name)				
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
•	• ,			
(Documen	t Number)			
•	•			
Certified Copies (Certificates of S	Status		
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				
		:		
<u> </u>				

Office Use Only



800255287898

01/09/14--01022--015 **78.75

14 JAN -9 AN 9: 11

2 01/16/14

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 850 - 245 - 6052

SUBJECT: DB Top Properties Incorporated

(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 ☐ \$78.75

Filing Fee & Certificate of Status

\$78.75 \$87.50

Filing Fee Filing Fee,
& Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

DAVID Bohnenkamper Name (Printed or typed)	
PO Box 234	
Address	
Indian Rocks Beach	
City, State & Zip	
727-614-6545	
Daytime Telephone number	
dbohnenkamper@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)

The name of the corporation shall be: DB Top Properties Incorporated			rated		
	VCIPAL OFFICE Principal <u>street</u> address	ress Mailing address, if different is: PO Box 234			
Indian Rocks Beach Florida 33785		Indian Rocks Beach Florida 33785			
ARTICLE IV SHA The number of shares of ARTICLE V INIT Name and Title Address	TAL OFFICERS AND/OR DIRECTORS David Robnenkamper President	S Name and Title: Address:	ALLAHASSESTERADA		
	Florida, FL 33785	· · · · · · · · · · · · · · · · · · ·			
Name and Title:		Name and Title:			
Address		Address:			
Name and Title:		Name and Title:	······································		
Address		Address:			

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	David Bohnenkamper	
Address:	1806 2nd St	
	Indian Rocks Beach, FL 33785	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	David Bohnenkamper	
Address:	PO Box 234	25 S S S S S S S S S S S S S S S S S S S
	Indian Rocks Beach, FL 33785);-
	ned as registered agent to accept service of process am familiar with and accept the appointment as regional familiar with and accept the appointment as regional familiar with and accept the appointment as regional familiar with a familia	·
	Paguinal Signature/Pagistared Agent	Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	Haw bluchy Required Signature/Incorporator	1/6/2014 Date