

P14000020069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

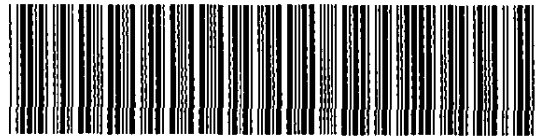
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100256916341

100256916341
03/05/14--01025--006 **78.75

RECEIVED
DEPARTMENT OF STATE
14 MAR -5 PM 1:04

FILED
SECRETARY OF STATE
DIVISION OF OPERATIONS
14 MAR -5 PM 1:21

3/5/14

COVER LETTER

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

SUBJECT: **Top Flite, 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: **Theophalas McBride**

Name (Printed or typed)

623 Oseloa Street

Address

Tallahassee, FL 32310

City, State & Zip

850-508-2237

Daytime Telephone number

topflite623@yahoo.com

E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -5 PM 1:21

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: Top Flite, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

14 MAR -5 PM 1:21

Mailing address, if different is:

623 OSCEOLA STREET

Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal activities.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theophalas McBride, President

Name and Title: _____

Address 623 OSCEOLA STREET

Address: _____

Tallahassee, FL 32310

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAR -5 PM 1:21

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: Theophalas McBride
Address: 623 Osceola Street
Tallahassee, FI 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Theophalas McBride
Address: 623 Osceola Street
Tallahassee, FI 32310

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

Theophalas McBride
Required Signature/Registered Agent

3-5-14
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.

Theophalas McBride
Required Signature/Incorporator

3-5-14
Date