

P15000000935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

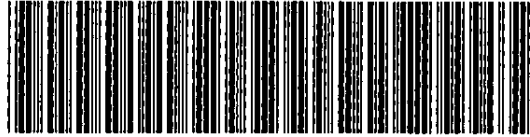
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/05/15--01017--004 **78.75

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15 JAN -5 PM 12:36
SPECIALIST STATE
ALLAHABAD, FLORIDA

and 1/6

COVER LETTER

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

**SUBJECT: TOPADELINE COMPANY INCORPORATED
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM:	HOPE E. GRANT
Address:	231 NW 146 STREET
City, State & Zip	MIAMI, FL 33168
Daytime Telephone number:	786-269-4673
E-mail address:	<u>helizad@yahoo.com</u>

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)

ARTICLE I NAME

The name of the corporation shall be:

TOPADELINE COMPANY INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address mailing address, if different is:

231 NW 146 Street Miami, FL 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of contracting any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title: Hope E. Grant, President and Secretary

Address: 231 NW 146 Street Miami, FL 33168

ARTICLE VI REGISTERED AGENT

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

Name: Hope E. Grant

Address: 231 NW 146 Street Miami, FL 33168


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hope E. Grant

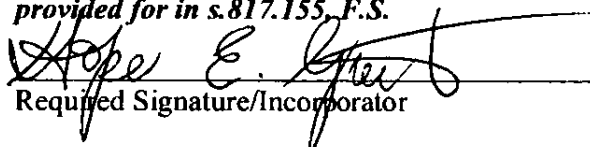
Address: 231 NW 146 Street Miami, FL 33168

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

1/1/2015
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

1/1/2015
Date

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DEPARTMENT OF STATE
ATLANTA, GEORGIA