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or your

COVER LETTER

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

SUBJECT: TOPLINE ELECTRICAL SERVICES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

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 corporat	E Topline Electrical	Services, Inc.		
	VCIPAL OFFICE Principal <u>street</u> address	Mailing add	ress, if different is:	
2600 Kirby Circle NE				
Unit #4				
Palm Bay, Flo	rida 32905	<u></u>		
ARTICLE III PURI	POSE ne corporation is organized is: To prov	ide electrical con	tracting	
enrices to bot	th commercial and resider	atial customers		
Services to bor	T Commercial and resider	iliai customers.		
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			PH I	
ARTICLE IV SHA The number of shares of s	RES 1		32 S	
The number of sizies of s	NOCK 18.		7	
	TAL OFFICERS AND/OR DIRECTOR	<u>s</u>		
Name and Title	Noel Funelas/President	Name and Title:		
Address	1199 Meadowbrook Rd. NE	Address:		
	Palm Bay, Florida 32905			
		-		
Name and Title:		Name and Title:		
Address				
				
Name and Title:		Name and Title:		
Address		Address:		
		-		

N	lame and Tit	le:	Name and Title:
A	Address		Address:
A DOTO:			
ARTICL The name		EGISTERED AGENT a street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:		loel Funelas	
Address:	1	199 Meadowbrood Rd. NE	
	F	Palm Bay, Florida 32905	
ARTICL	EVII IN	CORPORATOR	
The <u>name</u>	e and addre	ss of the Incorporator is:	
Name:	:	Noel Funelas	
Addr	ess:	1199 Meadowbrood Rd. NE	
		Palm Bay, Florida 32905	
Having be	een named d ficate Ham f	as registered agent to accept service of process amiliar with and accept the appointment as regi	
_	\mathcal{A}	Required Signature/Registered Agent	<u>C-19-15</u>
			Date
I submit i document	this da <mark>cume</mark> To the Depa	nt and affirm-that the facts stated herein are t ortment 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.
			2-19-15
	#	Required Signature/Incorporator	Date