

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED
15 MAY 18 PM 3:52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

**FLORIDA PROFIT/NON PROFIT CORPORATION
TOP LINE LOGISTICS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAY 19 2015

T. SCOTT

15 MAY 18 PM 1:35

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H15000120554

ARTICLE I NAME: The name of the corporation is:Top Line Logistics Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3880 BIRD RD
Coral Gables, FL 33143
Apt 507**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ADRIANA M Hernandez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Adriana M Hernandez
3880 BIRD RD Apt 507
Coral Gables, FL 33143**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ADRIANA M Hernandez
3880 BIRD RD APT 507
CORAL GABLES, FL 33143


15 MAY 18 PM 1:35

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Required Signatures:

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

 _____ 5/18/15
Registered Agent 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.

 _____ 5/18/15
Incorporator Date

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