

P15000093772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

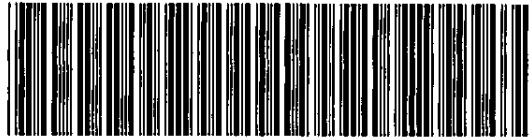
Certified Copies _____

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10/22/15--01014--003 **78.75

FILED
2015 NOV 16 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 19 2015

COVER LETTER

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

SUBJECT: US Top Consulting Corp.

(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 Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lorena C. Osorio
Name (Printed or typed)

3580 SW 153 Ave.
Address

Miami, Florida 33195
City, State & Zip

305 785 2860
Daytime Telephone number

vix2mia@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2015

LORENA C. OSORIO
3580 SW 153 AVE
MIAMI, FL 33185

SUBJECT: US TOP CONSULTING CORP.
Ref. Number: W15000071372

We have received your document for US TOP CONSULTING CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

Letter Number: 315A00022808

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

FILED
2015 NOV 16 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME US Top Consulting Corp.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

3580 SW 153 Ave
Miami, florida 33185

Mailing address, if different is: _____

ARTICLE III PURPOSE Provide services, sales, consulting with in the construction industry
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Lorena C. Osorio</u>	Name and Title: <u>President</u>
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Address <u>3580 SW 153 Ave</u>	Address: <u>same</u>
<u>Miami Florida 33185</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

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: Lorena C. Osorio
Address: 3580 SW 153 Ave
Miami Florida 33185

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lorena C. Osorio
Address: 3580 SW 153 Ave.
Miami FL 33185

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

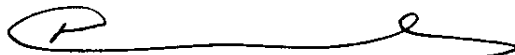


Required Signature/Registered Agent

10/16/15

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

10/16/15

Date