Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

: (305)552-5973

Fax Number

: (305)675-5944

ter 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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FLORIDA PROFIT/NON PROFIT CORPORATION TOP PLUS CORP

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

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)
ARTICLE 1 NAME: The name of the corporation is:
Top Plus Corp.
ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is:
16855 SW 200 ST MIDHIFL 33187
ARTICLE III SHARES: The number of shares of stock is:
A DOWN OF THE ASSESSMENT OF THE PROPERTY OF TH
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
resident Ailin de los Aternandez
V. President: Ricardo Guillarmo Cresp
TREASURER: Maria E Cardona- Crespo
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Maria E cardona - Crespo
16855 SW 200 St
Miami FL 33187
ARTICLE VI INCORPORATOR; The name and address of the Incorporator is:
Maria El Cardona - Crespo
16855 SW 2001 ST
Miami FL 33127

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Required Signatures:

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

Hour E lordano . Press Registered Agent 11/03/17 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 \$.817.155, F.S.

Jourg & Cotto fra Casques Incorporator

Date