## 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 : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION TOP LEVEL PROTECTION INC

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
TOP LEVEL PROFECTION IN
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15800 LINCOLN DR
HOMESTERN FT 33033
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<del></del>
<u> </u>
ARTICLE Y INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
carlos Nelson Nieto
15300 Lincoln DR
Homestead FC 33033
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Carlos Nelson Nieto
15300 Lincoln DR
Homochecid FI 32023

## 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

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.

Dave