

Pa1000002952

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****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 Contenders Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SLC 1/17/21

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Top Contenders Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

46 GRAMATAN AVE STE 11246 GRAMATAN AVE STE 112MOUNT VERNON, NY 10550MOUNT VERNON, NY 10550**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: LIVE WRESTLING EVENTS AND MERCHANDISE

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARESThe number of shares of stock is: 200 NPV**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TONY MURA , President

Name and Title: _____

Address 46 GRAMATAN AVE STE 112

Address: _____

MOUNT VERNON, NY 10550

Name and Title: _____ Name and Title: _____

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: BlumbergExcelsior Corporate Services, Inc.
 Address: 155 Office Plaza Drive, 1st Fl.
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TONY MURA
 Address: 46 GRAMATAN AVE STE 112
MOUNT VERNON, NY 10550

2021 JAN 15 PM 4:22
 TALLAHASSEE, FL 32301

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

X

[Signature]
 Required Signature/Registered Agent

01/15/2021

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.

X

[Signature]
 Required Signature/Incorporator

1/14/2021

Date