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TRANSMITTAL LETTER

97 MAR -7 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200002107522--9
-03/07/97-01052--004
***122.50 ***122.50

SUBJECT: TOP QUALITY MANAGEMENT, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

MICHAEL T. LANE

Name (printed or typed)

1437 TAMU TRAIL

Address

TALLAHASSEE, FL 32311

City, State & Zip

904/671-4064

Daytime Telephone number

Mail Out
Questions? Call
Nister Vickner at
681-1541

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TOP QUALITY MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*1437 Tami Trail
Tallahassee, FL 32311*

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*michael T. Lane
1437 Tami Trail
Tallahassee, FL 32311*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Michael T. Lane
April Marie Robinson Lane
1437 Tami Trail
Tallahassee, FL 32311

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of FEBRUARY, 19 97.

(An additional article must be added if an effective date is requested.)

Michael T. Lane
Signature

April Marie Robinson Lane
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

TOP QUALITY MANAGEMENT, INC.

2. The name and address of the registered agent and office is:

Michael T. Lane
(NAME)

1437 Tami Trail
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee FL 32311
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael T. Lane
(SIGNATURE)

2/5/97
(DATE)