

Division of Co	rporations	
SUBJECT:	Fips & Tans, Inc.	
	(Name of corporation - must include suffix) 000000000000000000000000000000000000	<b>7 1 7 0</b> 3 <b>7</b> 201037008
Dear Sir or Madam:	*****78.	75 *****78.75
The enclosed "Applicate "Certificate of Existence to transact business in I	tion by Foreign Corporation for Authorization to Transact Business in Flore, and check are submitted to register the above referenced foreign corpor Florida.	ida", ration
Please return all corresp	condence concerning this matter to the following:	
	Rose Simmons W02-10	)844
	(Name of Person)	
	Tips & Tans, Inc.	
	(Firm/Company)	<u> </u>
	17924 64th Place, North	
<del></del>	(Address)	
	Loxahatchee, Florida 33470	ſ
	(City/State and Zip code)	1 5/17
		MUIII
For further information	concerning this matter, please call:	DIVIS 02 N
Rose Simmons	954 214–4944 _	SECRETARY OF IVISION OF CORPO
(Name of Perso	on) at ()  (Area Code & Daytime Telephone Number)	F CC
	, , , , , , , , , , , , , , , , , , , ,	PH ROCO
		- RATA
STREET ADDRESS:	MAILING ADDRESS:	- 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
Registration Section	Registration Section	. 55
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for t	he following amount:	
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing I	Fee
-	Certificate of Status Certified Copy Certificate of	•

Certified Copy



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 17, 2002

ROSE SIMMONS TIPS & TANS, INC. 17924 64TH PLACE, NORTH LOXAHATCHEE, FL 33470

SUBJECT: TIPS & TANS, INC. Ref. Number: W02000010844

We have received your document for TIPS & TANS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return 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) 245-6958.

Letter Number: 102A00022928

Lee Rivers Document Specialist SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Rose Marie Simmons, do hereby certify (Name)
that this Resolution of the Board of Directors of Tips & Tan's Inc.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of <u>Coeorgia</u> ,
was duly adopted on May 10th 2002
Be it resolved, that Tip's & TANS Tre (Corporate Name)
organized and existing in the State of
Tip's & TAN'S INC. at the Groves for use in Florida.
Dated: 5/10/02  Signature of either Chairman, Vice Chairman or any officer
Rose Simmons Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Tips &	Tans, I	nc.					
(Name of corpora	ition; must inc	lude the word "INCO	RPORATE:	D", "COMPAN	Y", "CORPORAT	ON" or	
		mport in language as			a corporation inst	ead of a	
natural person or	partnership if	not so contained in th	e name at p	resent.)			
2 Georgi	a		3	04	3616384	·	
(State or country )	under the law	of which it is incorpor	rated)		FEI number, if app	licable)	
March	12, 2002		5.	Per	petual		
(Date	of incorporati	on)		(Duration: Yea	r corp. will cease to	exist or "per	petual")
6. Upon (	Qualificati	on					
	ted business ir	Florida. If corporati	on has not t	ransacted busine	ess in Florida, inser	t "upon qualif	ication.")
•		(SEE SECTIONS	607.1501,	607.1502 and 8	17.155, F.S.)	-	
A-11,	Seminole	Pratt-Whitney	Road,	Loxahatc	hee, Florida	33470	DIVISION OF CORPORATION OR MAY 17 PM 1: 12
		(Principal	office addre	ess)	•		三元
17924	64th Pla	ce North, Lo	xahatche	ee, Florida	33470		17 PM 1:12
		(Current m	nailing addre	ess)		····	
		•	-	•			三男
. Tannin	g and na	il salon.					
0		n authorized in home	state or con	ntry to be carrie	d out in state of Fl	orida)	
(1 urpose(s	) of corporatio	n addiorized in nome	state of cou	nay to be carrie	a out in state of 1 i	oridaj	
9. Name and stre	<u>et address</u> o	f Florida registere	d agent: (	P.O. Box or M	ail Drop Box <u>N</u> O	DT_acceptabl	.e)
Name:	Rose Si	immons					
Office Address: _	17924	64th Place 1	North				
_	Loxahat	chee		, Florida _	33470		
_		(City)		, ,	(Zip code)	<del></del>	
		· ••					
10. Registered ag							
		red agent and to ac					
		I hereby accept the					
		he provisions of all and accept the obli					ince of my
auties, and 1 am J	amiliar wiin	ana accept the obti	igations oj	my position a	s regisierea agen	i <b>t.</b>	
	,	<b>/</b> )	1				
	1/2			7			
	<i>(-</i> (_	the x	Len	nes		<del></del>	
		(Paristora	d agent's sig	naturel			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### 12. Names and business addresses of officers and/or directors:

Chairman:	Rose Simmons
Address:	A-11, Seminole Pratt-Whitney Road
	Loxahatchee, Florida 33470
Vice Chairn	nan:
Address: _	
_	
Director: _	<b>\</b>
Address: _	
_	
Director: _	
Address: _	2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
_	
B. OFFIC	CERS  Rose Simmons  A-11, Seminole Pratt-Whitney Road
President:	Rose Simmons :
Address: _	A-11, Seminole Pratt-Whitney Road
	Loxahatchee, Florida 33470
Vice Presid	ent: J. Chris Simmons
Address: _	2760 North West 55th Court
_	Fort Lauderdale, Florida 33309
Secretary:	Rose Simmons
Address: _	
Treasurer:	Rose Simmons
Address: _	A-11, Seminole Pratt-Whitney Road, Loxahatchee, Florida 33470
NOTE: 1	
	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Rose Simmons, Chairman & President

(Typed or printed name and capacity of person signing application)

### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0213984

DATE INC/AUTH/FILED: 03/12/2002

JURISDICTION : GEORGIA

PRINT DATE : 04/12/2002

FORM NUMBER : 211

MICHELE L. DAVIS, ESQ., P.C. REBECCA SIMMONS 1899 POWERS FERRY ROAD SUITE 350 ATLANTA, GA 30339

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the state of Georgia, do hereby certify under the seal of my office that as of the above print date

GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Tode of Georgia Annotated.

Said entity was formed in the jurisdiction stated above of was authorized to transact business in Georgia on the labove date and has not filed articles of dissolution, certificate of cancellation of any other similar document with the Office of the Secretary of State

This certificate telates only to the Tegal existence of the above-named entity as of the print date above. If does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20020412184521540



Cathy Cox Secretary of State