## F170000022199

(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone #	)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Name	)			
(Document Number)					
Certified Copies	Certificates o	f Status			
Special Instructions to	Filing Officer:				

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TALKARY OF STATE

D. SCOTT MAY 19 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2017

KATHERINE X MOORE 2808 S FOSTER AVE TAMPA, FL 33611

SUBJECT: WHIPSTER, INC. Ref. Number: W17000027576

We have received your document for WHIPSTER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with 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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 317A00006205

www.sunbiz.org

#### **COVER LETTER**

TO: Registration Se Division of Con						
SUBJECT: Whipst	er, Inc.					
		corporation	- must include suffix			
Dear Sir or Madam:						
The enclosed "Applicat" "Certificate of Existence above referenced foreign	e," or "Certificate of	Good Stand	ling" and check are sub			,,
Please return all corresp	ondence concerning	this matter	to the following:			
		Katherine X				
		Name of 1	Person			
		Whipster	, Inc.			
		Firm/Comp	pany			
		2808 S. Fos	ter Ave			
		Addre			<del> </del>	· · · · · · · · · · · · · · · · · · ·
		<b></b>	22611			
		Tampa, FL City/State an	· · · · · · · · · · · · · · · · · · ·		<u>,                                      </u>	
		•	ermobile.com		五份。	17
			or future annual report i	notification)	<u> </u>	<u> </u>
	L-man address. (i	o oc used r	or ratare armaar report i	ioniioanon)		
For further information	For further information concerning this matter, please call:				7	
					1 11	<b>≅</b> C
Katherine X. Moore	X. Moore at (571) 236-8008			<del>=</del>		
Name of Person	1	Area C	ode Daytime Telephon	e Number	£7.71	_
Registration Se Division of Cor Clifton Buildin	Corporations Division of Corporations ding P.O. Box 6327 tive Center Circle Tallahassee, FL 32314					
Enclosed is a check for	the following amoun	t:				
□ \$70.00 Filing Fee	□ \$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy		Filing Fe icate of Si ied Copy	

### 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. Whipster, Inc. (Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," "(orp.," "Inc,," "Co,," or "Corp.")	COMPANY," "CORPORATION,"	,
	. ,		
Whipster Mobile	e, Inc.		
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)
2. Delaware	3.		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 5 January 2017	5.		
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
6.			
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502		у)
7. 2808 S. Foster	Ave, Tampa, FL 33611		
	(Principal	office address)	
Same as above			
	(Current mailing a	address, if different)	
8. Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	世紀日
Name:	Russel Olinger		福美州
ranic.	Kasser Omiger	_	
Office Address:	2808 S. Foster Ave		一点一面
	Tampa	, Florida <u>33611</u>	
	(City)	(Zip code)	
			2Fi =
9. Registered age			
	ed as registered agent and to accept service application, I hereby accept the appointmen		
	omply with the provisions of all statutes rela		
	amiliar with and accept the obligations of m		

10. 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Russel Olinger Address: 2808 S. Foster Ave, Tampa, FL 33611 Vice Chairman: Address: \_ Director: Director: Address: **B. OFFICERS** President: Russel Olinger Address: 2808 S. Foster Ave, Tampa, FL 33611 Vice President:

Secretary: Katherine X. Moore Address: 3301 Crest Haven Ct, Falls Church, VA 22042 Treasurer: Katherine X, Moore Address: 3301 Crest Haven Ct, Falls Church, VA 22042 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Olinger, 13.\_ (Typed or printed name and capacity of person signing application)

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WHIPSTER, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHIPSTER, INC."

WAS INCORPORATED ON THE FIFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.





6272882 8300 SR# 20171915950 Authentication: 202241174

Date: 03-22-17