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(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

DEC 30 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JEFF TIPPING ENTERPRISES LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

JEFF TIPPING

Name of Person

JEFF TIPPING ENTERPRISES LLC

Firm/Company

433 BRACKENWOOD LANE N.

Address

PALM BEACH GARDENS FL 33418

City/State and Zip Code

jeff@palmbeachsocceracademy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF TIPPING

Name of Person

816 213-6755

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **JEFF TIPPING ENTERPRISES LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **KANSAS**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **27-4818881**

(FEI number, if applicable)

4. **02/07/2011**

(Date of Organization)

5. **PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **DECEMBER 2013**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **433 BRACKENWOOD LANE N.**

**PALM BEACH GARDENS, FL 33418**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

**JEFF TIPPING**

**433 BRCKENWOOD LANE N.**

**PALM BEACH GARDENS, FL 33418**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **SOCCER COACHING**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

**JEFF TIPPING**

Typed or printed name of signee

FILED  
13 DEC 23 PM 4:29  
STATE  
OF FLORIDA  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**JEFF TIPPING ENTERPRISES LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**JEFF TIPPING**

(Name)

**433 BRACKENWOOD LANE N.**

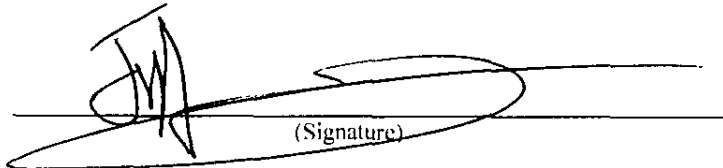
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**PALM BEACH GARGENS, FL 33418**

**FL**

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
13 DEC 23 PM 4:29  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that  
*according to the records of this office.*

Business Entity ID Number: 6503502

Entity Name: JEFF TIPPING ENTERPRISES LLC

Entity Type: DOM: LTD LIABILITY COMPANY

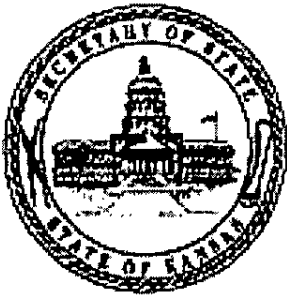
State of Organization: KS

Resident Agent: ZORAN SAVIC

Registered Office: 5729 REINHARDT DR., FAIRWAY, KS 66205

was filed in this office on February 07, 2011, and is in good standing, having fully complied  
with all requirements of this office.

No information is available from this office regarding the financial condition, business  
activity or practices of this entity.



In testimony whereof I execute this certificate and affix  
the seal of the Secretary of State of the state of Kansas  
on this day of December 04, 2013

A handwritten signature in cursive script that reads "Kris W. Kobach".

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 594552 - To verify the validity of this certificate please visit  
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.