

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

Re:	Tippins	Bob	Cat	Services	, Inc.
		(Name	of Com	oration)	 •

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Glen Tippins (Individual's Name)

Tippins Bob Cat Services Inc.
(Name of Corporation)

Jensen Bch., Fl 34957

PHONE

(561) 334-1699

Area Code Number Ext.

4/20

ARTICLES OF INCORPORATION

of

Tippins Bob Cat Services Inc.

(na m	e of corporation)	
The undersigned acting as the incorporators of a corp the following articles of incorporation for such corporation	poration under the Florida Bus n:	siness Corporation Act, adopt(s)
ARTICLE I The name of the corporation is:	- CORPORATE NAME	BO ARA 17
Tippins Bob Cat S	ervices Inc.	352 3
	CLE II - DURATION	7: 2.7 7: 2.7
ΔΡΤΙΟ	CLE III - PURPOSE	
The corporation is organized for the purpose of enga United States and the State of Florida.		ness permitted under the laws of the
The corporation is authorized to issue 100s	NITIAL PRINCIPAL OFFICE	
STREET ADDRESS 1212 NE Silver Maple	Way	
CITY Jensen Bch.	FLORIDA	ZIP 34957
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP
	REGISTERED OFFICE AN	ID AGENT
The street address of the initial registered office		
NAME Glen Tippins		
GIGH LIPPINS		

FLORIDA

1212 NE Silver Maple Way

Jensen Bch.

ZIP 34957

ADDRESS

CITY

ARTICLE VII -	ΙΝΙΤΊΔΙ	ROARD	OFD	NREC	TORS

Idresses of the initial director(s) of the corporation are as	ionows:	
NAME Glen Tippins		
ADDRESS 1212 NE Silver Maple Way		
CITY Jensen Bch.	STATE F1	ZIP ₃₄₉₅₇
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME	<u> </u>	
ADDRESS		
CITY	STATE	ZIP
NAME Glen Tippins		
ADDRESS 1212 NE Silver Maple	Way	
ADDRESS 1212 NE Silver Maple CITY Jensen Bch.,	STATE F1	ZIP ₃₄₉₅₇
CYMY!	CTATE	
CITY Jensen Bch.,	CTATE	
CITY Jensen Bch., NAME	CTATE	^{ZIP} 34957
CITY Jensen Bch., NAME ADDRESS	STATE F1	^{ZIP} 34957
CITY Jensen Bch., NAME ADDRESS CITY	STATE F1	ZIP ₃₄₉₅₇
CITY Jensen Bch., NAME ADDRESS CITY NAME	STATE F1	^{ZIP} 34957
CITY Jensen Bch., NAME ADDRESS CITY NAME ADDRESS CITY	STATE STATE	ZIP ZIP
CITY Jensen Bch., NAME ADDRESS CITY NAME ADDRESS CITY The undersigned incorporator(s) have executed these	STATE STATE	ZIP ZIP
CITY Jensen Bch., NAME ADDRESS CITY NAME ADDRESS CITY The undersigned incorporator(s) have executed these	STATE STATE STATE Articles of Incorporation this	ZIP ZIP
CITY Jensen Bch., NAME ADDRESS CITY NAME ADDRESS CITY The undersigned incorporator(s) have executed these	STATE STATE STATE Articles of Incorporation this	ZIP ZIP ZIP 3 13th

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Tippins Bob Cat Services Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

1212 NE Silver Maple Way Jensen Bch., Fl. 34957

has named <u>Glen Tippins</u>

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.