

P07000115072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

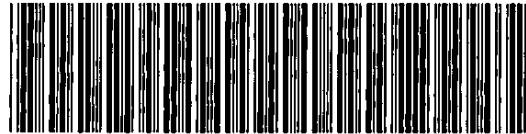
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/18/07--01038--007 \*\*78.75

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2007 OCT 18 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 22 2007

## COVER LETTER

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

SUBJECT: The Hip Tourist, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Cathy Fernandez

Name (Printed or typed)

903 Simonton St.

Address

Key West, FL 33040

City, State & Zip

305-292-3332

Daytime Telephone number

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

# **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

**The Hip Tourist, INC**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

903 Simonton St.

Key West, Fl 33040

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any activity or business permitted under the laws of the State of Florida.

## **ARTICLE IV SHARES**

The number of shares of stock is:

**1500 common shares par value \$.10**

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Director: Cathy Fernandez

912 Simonton St. Key West, Fl 33040

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Cathy Fernandez  
912 Simonton St.  
Key West, FI 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

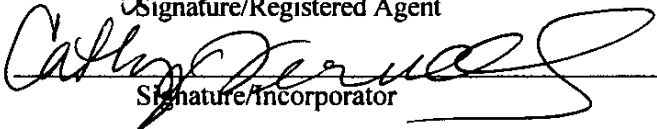
Cathy Fernandez  
912 Simonton St.  
Key West, FI 33040

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

10/16/07  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/16/07  
Date