

P10000095212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

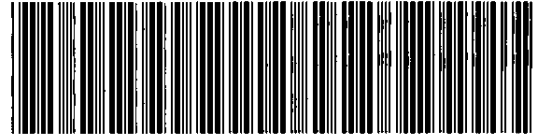
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/19/10 -01020--001 **70.00

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2010 NOV 19 PM 3:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

7. Eureka NOV. 22. 2010

COVER LETTER

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

SUBJECT: Tipper Corporation

(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: Justin C. Reviczky

Name (Printed or typed)

1200 Belle Avenue Suite 101

Address

Winter Springs, FL 32708

City, State & Zip

407-557-5059

Daytime Telephone number

justinrky@aol.com

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

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: Tipper Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1200 Belle Avenue, Suite 101
Winter Springs, Fl 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful for profit business activity

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Justin C. Reviczky - President
1200 Belle Avenue, Suite 101
Winter Springs, Fl 32708

ARTICLE VI REGISTERED AGENT

Justin C. Reviczky
1200 Belle Avenue, Suite 101
Winter Springs, Fl 32708

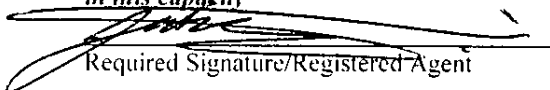
ARTICLE VII INCORPORATOR

Justin C. Reviczky
1200 Belle Avenue, Suite 101
Winter Springs, Fl 32708

ARTICLE VIII EFFECTIVE DATE

January 1, 2011

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


Required Signature/Registered Agent

11-17-2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

11-17-2010
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA