

P11000074944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

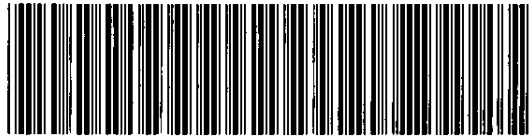
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 AM 9:49

Ps 8/23/11

COVER LETTER

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

SUBJECT: Tipsy Tester 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: Jason Trolinder

Name (Printed or typed)

5050 Central Sarasota Pkwy # 308

Address

Sarasota, FL 34238

City, State & Zip

9413437850

Daytime Telephone number

jaysticka@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Tipsy Tester Inc

11 AUG 22 AM 9:49

ARTICLE II PRINCIPAL OFFICE

Principal street address
5050 Central Sarasota Pkwy
308
Sarasota, FL 34238

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manufacture and provide bars with an interactive breathalyzer for their patrons to test their blood alcohol content.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Trolinder President
Address: 5050 Central Sarasota Pkwy
308
Sarasota, FL 34238

Name and Title: Jason Trolinder Treasurer
Address: 5050 Central Sarasota Pkwy
308
Sarasota, FL 34238

Name and Title: Jason Trolinder Vice President
Address: 5050 Central Sarasota Pkwy
308
Sarasota, FL 34238

Name and Title: _____
Address: _____

Name and Title: Jason Trolinder Secretary
Address: 5050 Central Sarasota Pkwy
308
Sarasota, FL 34238

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jason Trolinder
Address: 5050 Central Sarasota Pkwy # 308
Sarasota, FL 34238

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Trolinder
Address: 5050 Central Sarasota Pkwy # 308
Sarasota, FL 34238

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

8/1/2011

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

8/1/2011

Date