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2016 NOV 10 PM 6:25  
TALLAHASSEE, FLORIDA

V HERRING  
NOV 15 2016

## COVER LETTER

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

Tippins Enterprises Inc.

**SUBJECT:** \_\_\_\_\_  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Theresa L. Tippins  
\_\_\_\_\_  
Name (Printed or typed)

P.O. Box 40612  
\_\_\_\_\_  
Address

Jacksonville, FL 32203  
\_\_\_\_\_  
City, State & Zip

904-472-3274  
\_\_\_\_\_  
Daytime Telephone number

TheresaT@caringgrocers.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**

Tippins Enterprises Inc.  
The name of the corporation shall be: \_\_\_\_\_

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: STATE  
TALLAHASSEE, FLORIDA

1230 W 12th St

P.O. Box 40612

Jacksonville, FL 32209

Jacksonville, FL 32203

**ARTICLE III PURPOSE**

Any and all lawful purposes.

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

1,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Theresa L. Tippins

Name and Title: President and Director

Address 1230 W 12th St.

Address: 1230 W. 12th St

Jacksonville FL 32209

Jacksonville FL 32209

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Theresa L. Tippins \_\_\_\_\_

Address: 1230 W 12th Street \_\_\_\_\_

Jacksonville, FL 32209 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Theresa L. Tippins \_\_\_\_\_

Address: 1230 W 12th Street \_\_\_\_\_

Jacksonville, FL 32209 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

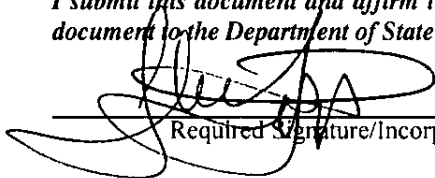
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

November 4, 2016  
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

November 4, 2016  
Date