

P200000 88956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

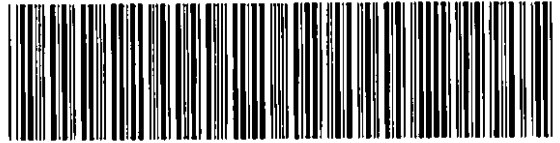
(Document Number)

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

Special Instructions to Filing Officer

W20000130024

Office Use Only



400355034124

2020 NOV 12 AM 11:07

FILED

2020 NOV 12 PM 1:22

RECEIVED

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NOV 12 2020

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/11/2020

**\*\*WALK IN\*\***

ENTITY NAME UpTip Management INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Haggard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

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

SUBJECT: UpTip Management 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: United Corporate Services, Inc.

Name (Printed or typed)

100 State Street, Suite 800

Address

Albany, NY 1220

City, State & Zip

8778949049

Daytime Telephone number

farleyconnor22@gmail.co

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: UpTip Management INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

315 Dunes Blvd

Unit 203

Naples, FL 34110

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful act or activity permitted by law.

**ARTICLE IV SHARES**

The number of shares of stock is: 200 Common NPV

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

Name and Title: Connor Farley, P & D

Name and Title:

Address

315 Dunes Blvd

Address:

Unit 203

Naples, FL 34110

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2020 NOV 12 AM 11:07

FILED

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Connor Farley  
Address: 315 Dunes Blvd., Unit 203  
Naples, FL 34110

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Connor Farley  
Address: 315 Dunes Blvd., Unit 203  
Naples, FL 34110

**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*

/s/ Connor Farley 11/11/2020  
Required Signature/Registered Agent 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.*

/s/ Connor Farley 11/11/2020  
Required Signature/Incorporator Date