

8/27/2021

**P21000077763**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : TILLET ALVARADO & PRENDERGAST  
Account Number : I202100000002  
Phone : (561)345-2416  
Fax Number : (561)907-4965

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THE FLIPPING FUNNEL, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
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## COVER LETTER

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

2021 AUG 31 PM 4:48

**SUBJECT:** THE FLIPPING FUNNEL, 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:** MANUEL JARDINES

Name (Printed or typed)

100 S. BISCAYNE BLVD., SUITE 3115

Address

MIAMI, FL 33131

City, State & Zip

561-345-2416

Daytime Telephone number

DANIEL@MIKETILLETTCPA.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:

THE FLIPPING FUNNEL, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

100 S. BISCAYNE BLVD.

SUITE 3115

MIAMI, FL 33131

Mailing address, if different is:

100 S. BISCAYNE BLVD.

SUITE 3115

MIAMI, FL 33131

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL JARDINES - PRESIDENT

Name and Title:

Address

100 S. BISCAYNE BLVD.

Address:

SUITE 3115

MIAMI, FL 33131

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

7/21/2021 11:41:18

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: MANUEL JARDINES

Address: 100 S. BISCAYNE BLVD., SUITE 3115

MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MANUEL JARDINES

Address: 100 S. BISCAYNE BLVD., SUITE 3115

MIAMI, FL 33131

**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*

Manuel J. M.

Required Signature/Registered Agent

08/31/2021

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.*

Manuel J. M.

Required Signature/Incorporator

08/31/2021

Date