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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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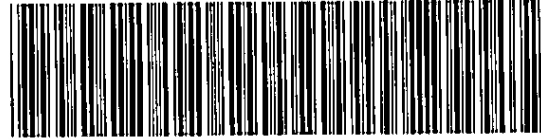
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

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file 9/1

## COVER LETTER

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

SUBJECT: Certificate of Domestication/ Articles of Incorporation- HIP Partners Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:**

HIP Partners Inc.

Name (printed or typed)

1009 Oceanview Court

Address

Fernandina Beach, FL 32034

City, State & Zip

404.849.1007

Daytime Telephone Number

brandi.whitaker@hippartnersinc.com

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

STATE OF FLORIDA  
TALLAHASSEE, FL 32314

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**Articles of Domestication  
Foreign Corporation Domesticating to Florida**

The undersigned, Brandi Whitaker, President  
(Name) (Title)

of HIP Partners Inc., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is HIP Partners Inc.  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction and date of its formation is Atlanta, Georgia 7/26/2018
3. The name of the domesticated corporation is HIP Partners Inc.  
\_\_\_\_\_
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Brandi Whitaker

(Authorized Signature)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

HIP Partners Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address  
1009 Oceanview Ct. Fernandina Beach, FL 32034

Mailing Address  
1009 Oceanview Ct. Fernandina Beach, FL 32034

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Marketing and Advertising Consulting services

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

1009 Oceanview Ct. Fernandina Beach, FL 32034

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Brach M. M. M.

Signature/Registered Agent

8/1/22

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V DIRECTORS AND/ OR OFFICERS**

**THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:**

Name & Title: Brandi Whitaker/President

Name & Title: \_\_\_\_\_

Address: 1009 Oceanview Ct.

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

Fernandina Beach, FL 32034

\_\_\_\_\_

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

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

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

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

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

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

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

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

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

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

*Brandi Whitaker*

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CLERK OF STATE  
TALLAHASSEE, FL 32399

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