

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**PA300079280**

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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  
TIP C. TURTLE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** Tip C. Turtle, Inc.**(PROPOSED CORPORATE NAME - MUST INCLUDE SUTEPDS)**

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:** Capitol Services - Corporate Filings Team

Name (Printed or typed)

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City, State &amp; Zip

(855) 498 - 5500

Daytime Telephone number

E-mail address: (to be used for future annual report notification)**NOTE: Please provide the original and one copy of the articles.**

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**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: Tip C. Turtle, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address369 W Shore Dr., Inlet Beach, FL 32461

Mailing address, if different is:

P.O. Box 2198, McKinney, TX 75070**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The business will operate as a frozen drink shop.

**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

1. Name and Title: <u>Matthew Steinkamp, Vice-President</u>	Name and Title: <u>Lisa Steinkamp, President</u>
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2. Address: <u>369 W Shore Dr.</u> <u>Inlet Beach, FL 32461</u>	Address: <u>369 W Shore Dr.</u> <u>Inlet Beach, FL 32461</u>
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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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: Capitol Corporate Services, Inc.  
Address: 515 East Park Avenue 2nd Fl  
Tallahassee FL 32301

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: John K. Washington  
Address: 1216 N. Central Expy, STE 102  
McKinney, TX 75070

**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*

<u>Kim Tadlock</u> Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	<u>11/8/2023</u>
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.*

<u>John K. Washington</u> Required Signature/Incorporator	<u>11/7/2023</u> Date
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