

PO2000127479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

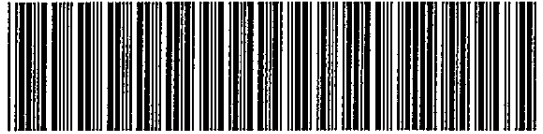
(Business Entity Name)

(Document Number)

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02 DEC - 2 AM 11:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

WCH-33184

## TRANSMITTAL LETTER

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

SUBJECT: MARY RIPPER, LTD.

(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  
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: DONALD L. SUMMER

Name (Printed or typed)

6096 NW 24TH STREET

Address

BOCA RATON, FLORIDA 33434

City, State & Zip

718-634-6900

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 21, 2002

DONALD L. SUMMER  
6096 NW 24 ST  
BOCA RATON, FL 33434

SUBJECT: MARY RIPPER, LTD.  
Ref. Number: W02000033184

*MARY RIPPER CORP.*

We have received your document for MARY RIPPER, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist  
New Filing Section

Letter Number: 002A00062943

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 DEC -2 PM 1:15

RECEIVED

**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:

MARY RIPPER, ~~INC.~~ Corp *DR*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1538 NE 17TH WAY  
FT. LAUDERDALE, FLORIDA 33305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE INVESTMENT

**ARTICLE IV SHARES**

The number of shares of stock is:

200 NON PAR

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

BONNIE CIPOLLA  
1538 NE 17TH WAY  
FT. LAUDERDALE, FLORIDA 33305

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

DONALD L. SUMMER  
6096 NW 24TH STREET  
BOCA RATON, FLORIDA 33434

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DONALD L. SUMMER  
6096 NW 24TH STREET  
BOCA RATON, FLORIDA 33434

\*\*\*\*\*

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

*Donald L. Summer*  
\_\_\_\_\_  
Signature/Registered Agent

*11/11/02*  
\_\_\_\_\_  
Date

*Donald L. Summer*  
\_\_\_\_\_  
Signature/Incorporator

*11/11/02*  
\_\_\_\_\_  
Date

02 DEC -2 AM 11:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS