

F 06000002167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

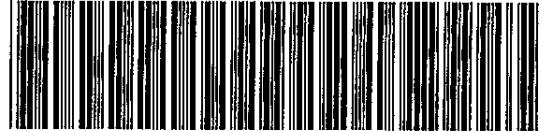
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2016 APR -4 PM 3:38

FILED

Filing and Recording of Documents

Date: March 29, 2006 **Our File Number** _____

RE: Ripple Services, Inc.

The following document(s) are enclosed:

Application for Foreign Qualification

☐ Please return file-marked copies to us.

☐ Please enter date of filing and return this form to us by _____, 2004

☐ Charge our account for fees. See Visa Instructions Below

☒ Check enclosed to cover fees \$ 70.00

TO: Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RETURN COPIES TO:

**CAROLINE PAYS
NOWALSKY, BRONSTON & GOTHARD, A.P.L.L.C.
ATTORNEYS AT LAW
3500 NORTH CAUSEWAY BOULEVARD
SUITE 1442
METAIRIE, LOUISIANA 70002
TELEPHONE: (504) 832-1984 FAX: (504) 831-0892**

FILED
2006 APR -14 P 3:40
NOTARY PUBLIC
J. J. JONES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ripple Services, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Caroline Pays

(Name of Person)

Nowalsky, Bronston and Gothard, APLLC

(Firm/Company)

3500 North Causeway Blvd., Suite 1442

(Address)

Metairie, LA 70002

(City/State and Zip code)

For further information concerning this matter, please call:

Caroline Pays

at (504) 832-1984

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Ripple Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. n/a

(FEI number, if applicable)

4. 2-19-04

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 120 Country Club Drive, #64, Incline Village, NV 89451

(Principal office address)

PO Box 6327, Incline Village, NV 89450

(Current mailing address)

8. Telecommunication Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: see attached

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Lindsey C. Bowman

Address: PO Box 6327, Incline Village, NV 89450

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lindsey C. Bowman

Address: PO Box 6327, Incline Village, NV 89450

Vice President: Lindsey C. Bowman

Address: PO Box 6327, Incline Village, NV 89450

Secretary: Lindsey C. Bowman

Address: PO Box 6327, Incline Village, NV 89450

Treasurer: Lindsey C. Bowman

Address: PO Box 6327, Incline Village, NV 89450

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. LC Bowman

(Signature of Director or Officer listed in number 12 of the application)

14. L.C. Bowman

(Typed or printed name and capacity of person signing application)

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2006 APR -4 P 3:40
TREC CLERK
CLERK

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIPPLE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIPPLE SERVICES, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2004.

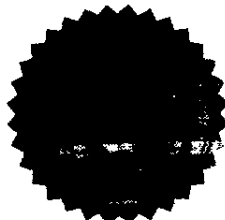
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
2006 APR -4 P 3:40
DELAWARE SECRETARY OF STATE

3767010 8300

060293836



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4626628

DATE: 03-28-06

Registered Agent's Acceptance

RE: Ripple Services, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: March 28, 2006

Corporation Service Company

By: 
Carol Dolor, Assistant Vice President

FILED
2006 APR -4 P 3:39