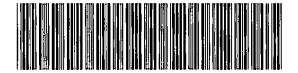
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2020

CHRISTENA HAMILTON 26 CAYUGA ROAD SEA RANCH LAKES, FL 33308 US

SUBJECT: RIP CITY INCORPORATED

Ref. Number: W20000036383

We have received your document for RIP CITY INCORPORATED 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

ON LINE 1 THE NAME NEEDS TO BE IDENTICAL TO THE GOOD STANDING CERTIFICATE FROM THE HOME STATE AND ON THE ALTERNATE LINE UNDER LINE 1 YOU MUST PUT THE NAME OF YOUR ENTITY WITH THE SUFFIX,

Please return 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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 420A00007660



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RP CITY INC Name of Corporation – must include suffix
Name of Corporation – must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida". "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
CHRISTENA HAMILTON Name of Person
Firm/Company
26 CAYUGA ROAD
26 CAYUGA ROAD SEA RANCH LAKES FL 33308 STANGERS CITY/ZIP
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Panela Long at (610) 235-9166 Name of Person Jar (610) Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \Bigcup \\$78.75 Filing Fee & \Certificate of Status Certificate Of Status & Certificate Of S
Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617,1503, FLORIDA STATUTES, THE FOLLOWING IS SUB- REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONL THE STATE OF FLORIDA:	OUCT ITS AFFAIRS IN
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words of abbimport in language as will clearly indicate that it is a corporation instead of a natural person or partnership in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation	Toundations of like if not so contained on.)
RIR CITY FOUNDATION Theorem of transacting bus	
(It name unavailable in Florida, enter alternate corporate name adopted loothe purpose of transacting busing	mess in Fiorida)
2. Venasque on a Zono 13308 & (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. (Date of Incorporation) 5. NA (Date of duration, if other than p	
6. (Date first conducted affairs in Florida if prior to registration. See sections 617,7501 & 617,1502, F.S. to determ	nine penalty liability.)
7. 113 SIDESADDLE LANE CONTESULLE P	
ZL CAYUGA Road See Ranch Laker (Current mailing address, if different)	FL 33308
8. To promote & continuous youth longkettell & electrical for country to be carried out in the state of Florida)	offer o profuncting
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	, 1 (2007)
Name: Christin Hamilton Office Address: Z.G. Cayusa Road Sc. Planch Lakes Florida 33308 (City) (Zip Code)	7029 K
Office Address: Les (company) Record	হে:
Signature Laker Florida 53308	်သ (၁
	<u>-a</u>
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corp designated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered agent.	poration at the place act in this capacity. I formance of my duties,
1.27 A. H.	
'- (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 hering custody of corporate records in the jurisdiction under the fact of which it is here;

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6)] total]: A. DIRECTORS Name Private Long Name: Classica Pragation □Chairman □Chairman Address: Ze Comp. 18-19 □Vice Chairman □ Vice Chairman Su Prince to the S FL See Kindy Cikes □Director □ Director cesident □President □ Vice President □ Vice President □Secretary Freasurer ☐ Treasurer Secretary □Other: _____ ☐ Other:_____ ☐ Other:_____ Other:____ □Chairman Name: □Chairman : Name: □Vice Chairman Address: □ Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other: _____ □ Other:___ ☐ Other:_____ ☐ Other:_____ □Chairman Name: _____ □Chairman : □Vice Chairman Address: □ Vice Chairman Address: ____ □Director □ Director □President □President □Vice President □Vice President □Secretary ☐ Treasurer □Secretary □Treasurer □Other: _____ Other:____ Other:______ ☐ Other:____ NOTE: Important Notice: Use an attachment to report more than six to: The anachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

AMC/A LONG

Types of printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/03/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

RIP CITY FOUNDATION

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

2023 A 3 3 O FILL W



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC200210182269-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify