

F20000002062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2000036383
W2000032773

Office Use Only



500342433735

03/23/20--01035--002 ++87.50

2020.03.30 PM 4:37

T GLASS

MAY 01 2020



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

2020 APR 30 11:43:37

RECEIVED
APR 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIP CITY INC
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

RIP CITY INC
Firm/Company

26 CAYUGA ROAD

SEA RANCH LAKES FL 33308
Address City / ZIP

City/State and Zip Code

Plongripcity@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Long at (610) 235-9166
Name of Person Area Code 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**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
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 SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. RIP CITY INCORPORATED Rip City Foundation (CH)
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

RIP CITY FOUNDATION Incorporated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (CH)

2. Pennsylvania 3. ZC-C133088
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2003 5. N/A
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 113 SIDESADDLE LANE, CORTESVILLE PA 19320
(Principal office street address)

26 CAYUGA Road, Sea Ranch Lakes FL 33308
(Current mailing address, if different)

8. to promote & organize youth basketball & offer opportunities for low income families
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Christina Hamilton
Office Address: 26 Cayuga Road
Sea Ranch Lakes, Florida 33308
(City) (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.

[Signature]
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Pamela Long
☐ Vice Chairman Address: 2000 Longwood Blvd
☐ Director Seaside, FL
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Christine K. K. K.
☐ Vice Chairman Address: 2000 Longwood Blvd
☐ Director Seaside, FL
☐ President
☐ Vice President
☒ Secretary ☒ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

2023 JUN 30 PM 4:37

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment 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.

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

14. Pamela Long
(Typed or 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.



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

Kathy Boockvar

Secretary of the Commonwealth

2020 MAR 30 PM 4:37

Certification Number: TSC200210182269-1

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