

P04000117604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

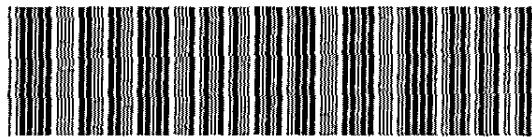
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF REVENUE

TRANSMITTAL LETTER

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

SUBJECT: TRIPi CONSULTING INC.

(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: ANTHONY L. TRIPI

Name (Printed or typed)

40 KON TIKI CIR.

Address

ST. AUGUSTINE, FL 32080-7311

City, State & Zip

904-461-3044

Daytime Telephone number

04 AUG 12 PM 1:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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:

TRIPI CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5788 A1A SOUTH, ST. AUGUSTINE, FL 32080-7012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act concerning any and all lawful business for which corporations may be organized under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100) shares of stock, which stock shall be of one class only, which shall be common voting stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Director/President/Secretary/Treasurer - Anthony L. Tripi
40 Kon Tiki Cir.
St. Augustine, FL 32080-7311

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Judith K. Tripi
40 Kon Tiki Cir.
St. Augustine, FL 32080-7311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anthony L. Tripi
40 Kon Tiki Cir.
St. Augustine, FL 32080-7311

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

Judith K. Tripi
Signature/Registered Agent

8/9/04
Date

Anthony L. Tripi
Signature/Incorporator

8-9-04
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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