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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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07 JUL -2 PM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/1/07

COVER LETTER

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

SUBJECT: Big Rip's Discount Bait and Tackle Shop 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: Paul Ripa

Name (Printed or typed)

3221 north east 165 street

Address

North Miami Beach Florida 33160

City, State & Zip

305-335-1541

Daytime Telephone number

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:

Big Rip's Discount Bait and Tackle Shop Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

16779 North Miami Avenue
North Miami Beach, Florida 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail fishing tackle, fishing bait and related merchandise

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Ripa
3221 ne 165 street
North Miami Beach
Florida, 33160
President

ARTICLE VI REGISTERED AGENT

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

Paul Ripa
16779 North Miami avenue
North Miami Beach
Florida, 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Ripa
3221 ne 165 street
North Miami Beach
Florida, 33160

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



Signature/Registered Agent



Signature/Incorporator



Date



Date

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TALLAHASSEE, FLORIDA