P17000055765

(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:				

Office Use Only



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T. BURCH
JUN 2 8 2017

COVER LETTER

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

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status \$ 8.75
The Tripp Corporation Name (printed or typed)
158 Promenade WAY
Address
Jupiter FL 33458
City, State & Zip
772 919 1887 Daytime Telephone Number
Trippster 1951 @ 6 MAIL. COM
E-mail address: (to be used for future annual report notification)



June 16, 2017

THE TRIPP CORPORATION 158 PROMENADE WAY JUPITER, FL 33458

SUBJECT: THE TRIPP CORPORATION

Ref. Number: W17000050431

We have received your document for THE TRIPP CORPORATION and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete date which the corporation was first formed in Ohio, number 1 of the Certificate of Domestication.

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.

Tim Burch Regulatory Specialist III

-www.sunbiz.org

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Letter Number: 517A00012246

CERTIFICATE OF DOMESTICATION

The undersigned,	VILLIAM H	Tripp.	PRESIDENT (Title)	
of The	Tripp Cor (Corporation Name)	poration	a foreign corporation,	
in accordance with s.	607.1801, Florida Statu	tes, does hereby certify	:	
			RCH 1st ,1982.	
2. The jurisdiction w	vhere the above named c	orporation was first for	med, incorporated, or otherwise	
	was StAtE			
			is Certificate of Domestication	
was_Thi	E Tripp	CorporAti	oN	
	· •	•	ration, to be filed pursuant to	
c 607 0202 and 6	07 0401			
-	The Trion	COSPORA	FION 3.	
administration of	nat constituted the seat, s	iege social, or principa ther equivalent jurisdic	l place of business or central =	
6. Attached are Flori to s. 607.1801.	da articles of incorporati	ion to complete the don	estication requirements pursuant	
lam PRESIDEN	t, of The	Tripp o	Corporation	
and am authorized to s	sign this Certificate of D	omestication on behalf	of the corporation and have done	
so this the 10 day of	of JUNE 2	.017		
_	Well &	Time		
	(Autho	orized Signature)		
FREE TO				
Ce	rtificate of Domesticat	Filing Fee: ion	\$ 50.00	
Ar	ticles of Incorporation	and Certified Copy	\$ 78.75	
To	tal to domesticate and	file	\$129.75	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
The Tripp Corpo	ration
1112 11190	114(07
ADTICLE II DDINGIDAL OFFICE	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:	
Principal Address	Mailing Address
156 0	_
158 PromENADE WAY	158 PromENADE WAY
Jupiter FL 33458	Jupiter FL 33458
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED	,
RESIDENTIAL HOME	Construction
	7
	. 3x O
	<u>, ω</u>
	## (P9

ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:				
ARTICLE V INITIAL DIRECTORS AND/O THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:				
Title/Name	Title/Name			
WILLIAM H Tripp Pre	SIDENT			
158 ProMENADE WAY				
WILLIAM H Tripp Pre 158 Promenage WAY Jupiter FL 33458				
Title/Name	Title/Name			
Title/Name	Title/Name			
Title/Name	Title/Name			

ARTICLE IV SHARES

WILLIAM H Tripp	
158 ProMENADE WAY	
Jupter FL 33488	
	17
ARTICLE VII INCORPORATOR	FIL. JUN 27
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	27 =
William H Tripp	P# (5)
158 PromENADE WAY	် ့ သူ ကြွ
Jupiter FL 33458	် မော် မော် မော် မော် မော် မော် မော် မော
*************	*******
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT STATED CORPORATION AT THE PLACE DESIGNATED IN THIS C	
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGRE	EE TO ACT IN THIS CAPACITY.
Will of hop	6/10/2017
Signature/Registered Agent	Date
Welle H Tryp	$\frac{6/10/2017}{\text{Date}}$
Signature/Incorporator //	Date /

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: