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Division of Corporations Electronic Filing Cover Sheet

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H220004121923ABCX

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : COMITER & SINGER, LLP
 Account Number : 120000000085
 Phone : (561)626-4742
 Fax Number : (561)626-4742

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Corporate @ Comitersinger.com

FLORIDA PROFIT/NON PROFIT CORPORATION
 Ruby Ridge, Inc.

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 Certified Copy
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 Estimated Charge
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Corporate Filing Menu

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December 8, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

COMITER & SINGER, LLP

SUBJECT: RUBY RIDGE, INC.

REF: W22000151058

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document untilethe quality has been improved.

If your business entity does not intend to transact business until January ist of the upcoming calendar year, you may wish to revise your documentato include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this all calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the antity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Regulatory Specialist II Letter Number: 822A00027211 New Filings Section

FAX Aud. #: H22000412192

## Haa00041a191a 3

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tailahassee, FL 32314

UBJECT: Rut	oy Ridge, Inc.		OSP CHICAN		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ODE SCHIX		
inclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:		
⊏ \$70.00 Filing Fee		⊠ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	Name (Printed or typed) 3825 PGA Blvd., Suite 701				
		Address			
	Palm Beach Gardens, FL 33410  City, State & Zip				
	(561) 626-2101				
	Daytime	Telephone number			
	corporate@comitersinger.com				
•	E-mail address: (to be us	ed for future annual report	notification)		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

LEII PRI	NCIPAL O <u>EFICE</u>			
CLE II PRINCIPAL OFFICE Principal street address		Mailing addres	Mailing address, if different is: Same as street address	
37th Avenue North, #457				
ersburg, FL 33	3/04			
<del></del>				
LE III PUR	POSE the the corporation is organized is: engage in a	ny lawful business that may be en	neased in by a com	
ized under the	Florida Business Corporation Act, as amend	ed from time to time.		
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<del></del>				
CLEIV SH	ARES 1 000			
TLE IV SH imber of shares	ARES s of stock is: 1.000			
imber of shares	s of stock is: 1,000		-	
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The V INI  Name and  Address	TIAL OFFICERS AND/OR DIRECTORS  Fitle: Richard Powers, President, Director 204 37th Avenue North, #457  St. Petersburg, F1, 33704	Name and Title: Address:		
The V INI  Name and  Address	TIAL OFFICERS AND/OR DIRECTORS  Title: Richard Powers, President, Director  204 37th Avenue North, #457  St. Petersburg, F1, 33704	Name and Title:  Address:  Name and Title:		
The V INI  Name and  Address	TIAL OFFICERS AND/OR DIRECTORS  Fitle: Richard Powers, President, Director 204 37th Avenue North, #457  St. Petersburg, F1, 33704	Name and Title:  Address:  Name and Title:		
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Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Title: Richard Powers, President, Director 204 37th Avenue North, #457  St. Petersburg, F1. 33704	Name and Title:  Address:  Name and Title:  Address:  Name and Title:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS  Fitle: Richard Powers, President, Director 204 37th Avenue North, #457  St. Petersburg, F1, 33704	Name and Title:  Address:  Name and Title:  Address:  Name and Title:		

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
	Richard Powers		
Name: Address:	204 37th Avenue North #457		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	St. Petersburg, Fl. 33704		
ARTICLE VIL	INCORPORATOR		
	address of the Incorporator is:		
Name:	Devon M. Goldberg, Esq.	<del></del>	
Address:	3825 PGA Blvd., Suite 701		
	Palm Beach Gardens, FL 33410		Ś
			哥
ARTICI E VIII	EFFECTIVE DATE:	(ORTION: AL)	155
filing.)  Note: If the dathe document's	if other than the date of filing: date is listed, the date must be specific and ale inserted in this block does not meet the app seffective date on the Department of State's re	licable statutory filing requirements, this date cords.	will not be listed as
Having been n certificate, I an	amed as registered agent to accept service of pr n familiar with and accept the appointment as t		
Rut	Powers  Required Signature/Registered Age		6/22 Date
I submit this of	document and affirm that the facts stated here the Department of State constitutes a third degre	in are true. I am aware that the false inform e felony as provided for in s.817.155, F.S.	1
	Belle interpretator	12	7/22
North Sign	asture/Incorporator	Date	