

P23000060205

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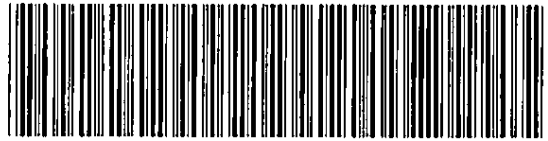
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

S & A Consultants Corp

Please Debit FCA000000003 For: 87.50

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
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- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
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- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
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- ___ UCC 11 Search _____
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Signature

Requested by:

Name

Date

Time

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RIPKA CONSULTANTS INC

Please Debit FCA000000003 For: 87.50

Thank you Seth Neeley



Signature

Requested by: SETH 08/15/2023

Name Date Time

Walk-In Will Pick Up

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Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
x Cert. Copy
Photo Copy
x Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
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FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

August 15, 2023

CAPITAL CONNECTION, INC.

SUBJECT: S & A CONSULTANTS CORP
Ref. Number: W23000111266

We have received your document for S & A CONSULTANTS CORP. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L99000007077.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 423A00018690

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COVER LETTER

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

SUBJECT: Ripka Consultants 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Alan Ripka

Name (Printed or typed)

12590 SUNNYDALE DR

Address

WELLINGTON, FL 33414

City, State & Zip

516 603 2723

Daytime Telephone number

babu@babucpa.com

E-mail address: (to be used for future annual report notification)

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: Ripka Consultants Inc.

ARTICLE II

PRINCIPAL

OFFICE

Principal street address

Mailing address, if different is:

12590 SUNNYDALE DR

WELLINGTON, FL 33414

ARTICLE III PURPOSE

to engage any lawful act or activity for which the corporation may

The purpose for which the corporation is organized is:

organized under the business corporation law.

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Ripka, President & CEO

Name and Title: Shelby Ripka, Vice President

Address

12590 SUNNYDALE DR

Address:

12590 SUNNYDALE DR

WELLINGTON, FL 33414

WELLINGTON, FL 33414

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2023.11.15 3:54

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alan Ripka _____

Address: 12590 SUNNYDALE DR _____

Wellington, FL 33414 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alan Ripka _____

Address: 12590 SUNNYDALE DR _____

WELLINGTON, FL 33414 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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




Required Signature/Registered Agent

08/14/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

08/14/2023

Date

2023 JUL 14 3:54