

FO1000003377

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: RIVER COUNTRY RESORT HOMEOWNERS ASSOCIATION
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

600004383716--4
-06/08/01--01067--003
*****87.50 *****87.50

CAROLINA PEREZ

(Name of Person)

W01-13727

RIVER COUNTRY RESORT HOMEOWNERS ASSOCIATION

(Firm/Company)

7295 NW 41 STREET

(Address)

MAIMI, FLORIDA 33166

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

CAROLINA PEREZ

(Name of Person)

at (305) 477-5959

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

mtu

6/25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 15, 2001

CAROLINA PEREZ
7295 NW 41 STREET
MIAMI, FL 33166

SUBJECT: RIVER COUNTRY RESORT HOMEOWNERS ASSOCIATION
Ref. Number: W01000013727

We have received your document for RIVER COUNTRY RESORT HOMEOWNERS ASSOCIATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6051.

Michael Mays
Document Specialist

Letter Number: 001A000368

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. RIVER COUNTRY RESORT HOMEOWNERS ASSOCIATION, INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NORTH CAROLINA 3. 56-2128101
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-02-99 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7295 NW 41 STREET
MIAMI, FLORIDA 33166
(Current mailing address)
8. Part-time administration
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: CAROLINA PEREZ
- Office Address: 7295 NW 41 STREET
MIAMI, Florida, 33166
(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carolina Perez
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: CAROLINA PEREZ

Address: 7295 NW 41 STREET

MIAMI, FLORIDA 33166

Vice Chairman: LAZARO PEREZ

Address: 200 RAVEN ROAD

PINEY CREEK, NORTH CAROLINA 28663

Director: JESUS PEREZ

Address: 200 RAVEN ROAD, POST OFFICE BOX 146

PINEY CREEK, NORTH CAROLINA 28663

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: CAROLINA PEREZ

Address: 7295 NW 41 STREET

MIAMI, FLORIDA 33166

Vice President: LAZARO PEREZ

Address: 200 RAVEN ROAD

PINEY CREEK, NORTH CAROLINA 28663

Secretary: JESUS PEREZ

Address: 200 RAVEN ROAD, POST OFFICE BOX 146

PINEY CREEK, NORTH CAROLINA 28663

Treasurer: CAROLINA PEREZ

Address: 7295 NW 41 STREET

MIAMI, FLORIDA 33166

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CAROLINA PEREZ, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (NONPROFIT)

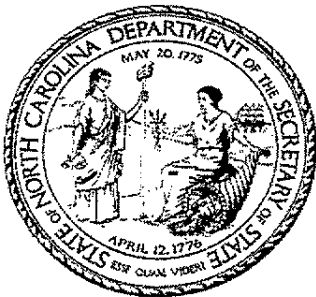
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

RIVER COUNTRY RESORT HOMEOWNERS ASSOCIATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of February, 1999, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of March, 2001.

Elaine F. Marshall

Secretary of State