

9/12/24, 5:24 AM

Division of Corporations

Page 1 of 4

Florida Department of State
 Division of Corporations
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Division of Corporations
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Email Address: kathy@apiprocessing.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Tri State Electric, Inc.

Certificate of Status	0
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Estimated Charge	\$70.00

Electronic Filing Menu

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Help

H24000310654 3

Page 2 of 4

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. TRI STATE ELECTRIC, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA 3. 81-0936593
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. JANUARY 11, 2016 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 609A BROAD AVENUE, BELLE VERNON, PA 15012
(Principal office street address)
609A BROAD AVENUE, BELLE VERNON, PA 15012
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

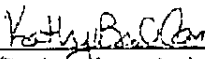
Name: API PROCESSING - LICENSING, INC.

Office Address: 3419 GALT OCEAN DRIVE, SUITE A

FORT LAUDERDALE, Florida 33308
(City) (Zip code)

9. 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.


(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

H24000310654 3

H24000310654 3

Page 3 of 4

A. DIRECTORS

☐ Chairman Name: CHARLES E. KENNEDY

☐ Vice Chairman Address: 609A BROAD AVENUE

☐ Director BELLE VERNON, PA 15012

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: CHARLES B. KENNEDY

☐ Vice Chairman Address: 609A BROAD AVENUE

☐ Director BELLE VERNON, PA 15012

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: ROBYN KENNEDY

☐ Vice Chairman Address: 609A BROAD AVENUE

☐ Director BELLE VERNON, PA 15012

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Charles E Kennedy
Charles E Kennedy (Reg 11, 5224-1615 EBT)

 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. CHARLES E. KENNEDY, PRESIDENT

 (Typed or printed name and capacity of person signing application)

H24000310654 3

H24000310654 3

Page 4 of 4

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Tri State Electric, Inc.
Request Type: Subsistence Certificate **Issuance Date:** September 11, 2024
Request No.: 042550420 **File No.:** 0006345579
Receipt No.: 001212381
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: January 11, 2016
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Tri State Electric, Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

H24000310654 3