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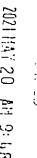
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:		Name of Limited Liability Company				
The enclosed Existence, ar	d "Application by Foreign Limited and check are submitted to register:	Liability Company for Authorization to Transact Business in Florida," Cothe above referenced foreign limited liability company to transact busines	ertificate of s in Florida.			
Please return	all correspondence concerning th	nis matter to the following:				
	Armina Rogers					
	Name of Person					
	-	Firm/Company				
	1900 Fruitville Rd #1013					
	Address					
	Sarasota, FL 34236					
		City/State and Zip Code				
	riverelectric47@gmail.com					
	E-mail addi	ress: (to be used for future annual report notification)				
For further in	nformation concerning this matter.	, please call;				
Am	nina Rogers	864 498-9078 at ()				
	Name of Contact Per					
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
rai	Tariassec, 11, 52514	Tallahassee, FL 32303				
Plea	\$125.00 Filing Fee 💎 🗔 \$130.00	amount: RIDA DEPARTMENT OF STATE Description of Status Certified Copy of Status & Certified Copy of				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in F	lorida The all	terunte name must include "Lumited Liabiti	ty Company," "L. L.C."		
Greenville, South Carol		;	84-2607968			
(Jurisdiction under the law of which foreign limited liability company is organized)		3	3. (Fl:1 number, if applicable)			
None						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration]	ability)	_		
1900 Fruitville Rd #1013			900 Fruitville Rd #1013			
eet Address of Principal Office)		6	(Mailing Address)			
Sarasota, FL 34236		S	Sarasota, FL 34236			
		-				
		_				
		· NOT no	cceptable)			
Name and street address	ss of Florida registered agent: (P.O. Box	v <u>ivor</u> ac	· ·			
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT ac		(
	ss of Florida registered agent: (P.O. Box Armina Rogers	NOT ac		3 3 2001 FE		
Name and <u>street address</u> Name:	Armina Rogers			3 3		
				3 3 .		
Name:	Armina Rogers	ac	 34236	3 3 . 4		

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 agentlà signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Robert Rogers	■Manager	Name: Armina Rogers
■Member	Address: 1900 Fruitville Rd =1013	■Member	Address:1900 Fruitville Rd #1013
■Authorized	Sarasota, FL 34236	■Authorized	Sarasota, FL 34236
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
⊒Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any 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.

	Am Harry	
	Signature of an authorized person	<u> </u>
Armina Rogers	•	
	Typed or printed name of signee	

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

River Electric LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 16th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of May, 2021.

Mark Hammond, Secretary of State