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(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



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COVER LETTER

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

SUBJECT: Elet	tric 80 Inc.				
301011011	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	I a check for:		
= \$70.0	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	OPY REQUIRED		
	Julie Meredith				
FROM:		me (Printed or typed)			
	8100 Monticello Ave				
	Address				
Skokie, II. 60076					
City, State & Zip					
	847-329-7717				
	Daytime Telephone number				
	meredith.j@elettric80.it				
	E-mail address: (to be u	sed 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: Elettric 80 Inc.			-
ARTICLE II PRINCIPAL OFFICE Principal street address 8100 Monticello Ave	Mailing address, if differ	ent is:	
Skokie, IL 60076			
		<u></u>	
ARTICLE III PURPOSE The purpose for which the corporation is organized	sales and service of material handling equipment is:	19 APR	91V(S10)
		ار	957
		<u>주</u>	<u> </u>
		44	
		ထ	
		_	
	Name and Title: Address:		
Name and Title:	Name and Title:		
Address	Address:		
	Name and Title:		
Address			
		•	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT		
	Florida street address (P.O. Box NOT accep Business Filings Incorporated	table) of the registered agent is:	Cos
Name: Address:	1200 South Pine Island Road		9 4₽
riddiess.	Plantation, FL 33324		75 SE
ARTICLE VII	INCORPORATOR		YOF STATE OR PORTION
The name and a	address of the Incorporator is:		- Service Serv
Name:	Julic Meredith		'n
Address:	8100 Monticello Ave		
	Skokie, IL 60076		
Effective date i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) d cannot be more than five days p) rior or 90 days after the
Note: If the dathed document's	te inserted in this block does not meet the appeterive date on the Department of State's r	plicable statutory filing requirements ecords.	s, this date will not be listed as
Having been no this certificate,	imed as registered agent to accept service of I am familiar with and accept the appointme	process for the above stated corpor nt as registered agent and agree to a	ation at the place designated in ct in this capacity
dusa	By Asst. Sec. Business Fi Required Signature/Registered Ag	lines Incapanted	D1/07/2019 Date
I submit this de document to the	ocument and affirm that the facts stated her 2 Department of State constitutes a third degi	rein are true. I am aware that the f ree felony as provided for in s.817.12	alse information submitted in a 55, F.S.
	M My 7 A M 10 uifed Signature/Incorporator		4/1/2019 Date