

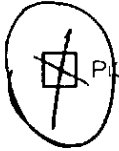
P210000 19919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

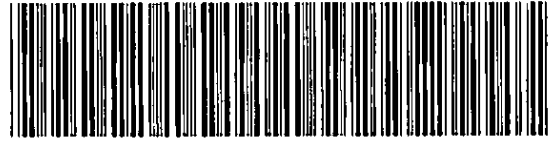
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Pick up  
tomorrow! call  
when ready.

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2021 MAR -3 PM 12:35

2021 MAR -3 PM 1:34

## COVER LETTER

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

Call Mary  
Green when  
done!  
8305970231

**SUBJECT:** North River Electric 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:** API Processing - Licensing, Inc.  
Name (Printed or typed)

3419 Galt Ocean Drive, Suite A  
Address

Fort Lauderdale, FL 33308  
City, State & Zip

954/567-0013  
Daytime Telephone number

kathy@apiprocessing.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: North River Electric Inc.

Mailing address, if different is:

Duette, FL 34219

The purpose for which the corporation is organized is: Any and all lawful business

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The number of shares of stock is: 100

Name and Title: Kelly Perry, President

Address

31844 State Road 62

Duette, FL 34219

Name and Title: George W. Perry, Vice President

Address:

31844 State Road 62

Duette, FL 34219

Name and Title: \_\_\_\_\_

Address

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address:

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: Kelly Perry  
Address: 31844 State Road 62  
Duette, FL 34219

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: API Processing - Licensing, Inc.  
Address: 3419 Galt Ocean Drive, Suite A  
Fort Lauderdale, FL 33308

**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*

Kelly McLeod - Perry  
Required Signature/Registered Agent

2/26/2021  
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.*

Kelly McLeod  
Required Signature/Incorporator

Date 2/26/21