

10/27/21, 1:41 PM

**P21000096027**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CORP 911, INC.  
Account Number : 120200000202  
Phone : (818)478-1681  
Fax Number : (818)688-8120

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
NORTH WIND, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

10.27

Electronic Filing Menu

Corporate Filing Menu

Help

H 21000 400189 3

**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: NORTH WIND, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
10619 SW Visconti Way  
Port Saint Lucie, FL 34986

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which a corporation may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Risch, President  
Address: 10619 SW Visconti Way  
Port Saint Lucie, FL 34986Name and Title: David Risch, Director  
Address: 10619 SW Visconti Way  
Port Saint Lucie, FL 34986Name and Title: David Risch, Secretary  
Address: 10619 SW Visconti Way  
Port Saint Lucie, FL 34986Name and Title: David Risch, Treasurer  
Address: 10619 SW Visconti Way  
Port Saint Lucie, FL 34986Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

H 21000 400189 3

H 21000 400 1893

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David Risch  
Address: 10619 SW Visconti Way  
Port Saint Lucie, FL 34986

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: David Risch  
Address: 10619 SW Visconti Way  
Port Saint Lucie, FL 34986

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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*

David Risch  
Required Signature/Registered Agent

10.26.2021  
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.*

David Risch  
Required Signature/Incorporator

10.26.2021  
Date

H 21000 400 1893

850-617-6381

11/8/2021 9:50:08 AM PAGE 1/001 Fax Server



November 8, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP 911, INC

SUBJECT: NORTH WIND, INC.  
REF: W21000144862

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please remove the line going through the Articles of Incorporation.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H21000400189  
Letter Number: 221A00027120