

P23000079132

Florida Department of State
Division of Corporations
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Division of Corporations
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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.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
TRUE NORTH ELECTRICAL, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2023 NOV -8 AM 11:33

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

ARTICLE I NAMEThe name of the corporation shall be: TRUE NORTH ELECTRICAL, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

8350 BEE RIDGE RD Suite 124SARASOTA, FLORIDA 34241**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joseph Licausi, Pres VP Trea Sec Dir Name and Title: _____Address 8350 BEE RIDGE RD, Suite 124 Address: _____SARASOTA, FLORIDA 34241

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: JOSEPH LICAUSI

Address: 8350 BEE RIDGE RD, Suite 124
SARASOTA, FLORIDA 34241

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOSEPH LICAUSI

Address: 8350 BEE RIDGE RD, Suite 124
SARASOTA, FLORIDA 34241

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*

 Required Signature/Registered Agent

 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.

 Required Signature/Incorporator

 Date

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SECRETARY OF STATE
 TALLAHASSEE, FL