# 0900000000

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(englished) and my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1209-10047
1411-1-11-1

Office Use Only



600144567546

03/02/09--01032--012 \*\*78.75

#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: DPE Inc				
(Name of corp	poration - must include suffix)			
Dear Sir or Madam:	•			
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to			
Please return all correspondence concerning this r	natter to the following:			
David Elter				
(Na	me of Person)			
DPE Inc				
(Fir	m/Company)			
502 Dafney Dr.	·			
	(Address)			
Lafayette, La. 70503				
(City/s	State and Zip.code)			
For further information concerning this matter, ple	case call:			
David Elter at ( 3	37 <sub>)</sub> 984-1674			
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$\sqrt{9}\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			



Division of Corporations

DEPARTMENT OF STATE

09 MAR 12 PM 1:01

March 3, 2009

DAVID ELTER DPE INC 502 DAFNEY DR. LAFAYETTE, LA 70503

SUBJECT: DPE PIPE INSPECTION INC.

Ref. Number: W09000010047

We have received your document for DPE PIPE INSPECTION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

\*Need original certificate (one ordered from web-site) not fax copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 709A00007324

Division of Cornerations - P.O. ROY 6327 Tallahasso, Florida 32314

#### **COVER LETTER**

Division of Corporations	
SUBJECT: DPE Inc	
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Dear Sir or Madam:	
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Please return all correspondence concerning this ma	atter to the following:
David Elter	
(Nam	e of Person)
DPE Inc	
· (Firm	/Company)
502 Dafney Dr.	
(/	Address)
Lafayette, La. 70503	
(City/St	ate and Zip code)
For further information concerning this matter, please David Elter  (Name of Person)  (August 23)	
(Mane of Follows)	ou code to Buy time Totephone (Valueer)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
DPE Pipe	Inspection Inc		•	
	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)	
<sub>2.</sub> Louisiana		2-144-3803		
	under the law of which it is incorporated)	(FEI number, if app	licable)	
<sub>4.</sub> 1998	<sub>s.</sub> F	Perpetual		
(Date	of incorporation) (	Duration: Year corp. will cease to	exist or "perpetual")	
6. <u>N/A</u>				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ity)	
, 502 Dafney	Dr. Lafayette, La. 70503	•		
***	(Principal office addres	8)		
Same				
	(Current mailing addres	s)		
R Clean & Te	elevise Pipes	· ·		
·	of corporation authorized in home state or coun	try to be carried out in state of Flo	orida) As 2	
9. Name and street	address of Florida registered agent: (P.O. F	Box NOT acceptable)	ID9 H	
Name:	C T Corporation System		MAR J ETAF	, . ,
Office Address;	1200 South Pine Island Road		SEE.	,
	Plantation	, Florida_33324	AH 8	ž.
	(City)	(Zip vode)	30 E	
designated in this a further agree to co	ent's acceptance: d as registered agent and to accept service application, I hereby accept the appointment with and accept the obligations of my positions of	it as registered agent and agre live to the proper and complet	e to act in this capacity. I e performance of my duties	۲,

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: David Elter
Address: 502 Dafney Dr.
Lafayette, La. 70503
Vice Chairman:
Address:
Director:
Address:
Auditess.
Director:
Address:
B. OFFICERS
President: David Elter
Address: 602 Beverly Dr.
Lafayette, La. 70503
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jano
(Signature of Director or Officer listed in number 12 of the application)
14. DAVID EHER- PRESIDENT
(Typed or printed name and capacity of person signing application)

## United States of America State of Louisiana



### As Secretary of State, Jay Dardenne, I do hereby Certify that

DPE. INC.

A corporation domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on June 15, 1998,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on,

Secretary of State

January 3 2009



Certificate ID: 20090103000806

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.