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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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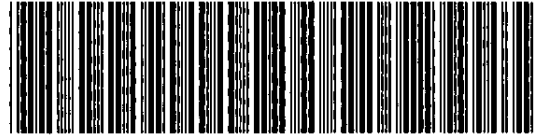
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Towelettes Etc, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pierre Sanfacon

Name of Person

Towelettes Etc, Inc.

Firm/Company

301 Marianne Street

Address

Brooksville, FL 34601

City/State and Zip code

towelettesetc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pierre Sanfacon

Name of Person

at (352) 796-6020

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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.

1. **Towelettes Etc, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **New Hampshire**

(State or country under the law of which it is incorporated)

3. **33-1185508**

(FEI number, if applicable)

4. **04/09/13**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **11/01/13**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **301 Marianne Street, Brooksville, FL 34601**

(Principal office address)

301 Marianne Street, Brooksville, FL 34601

(Current mailing address)

8. **Manufacture wetnaps**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Pierre Sanfacon**

Office Address: **301 Marianne Street**

Brooksville

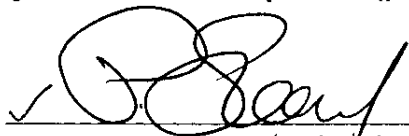
(City)

, Florida **34601**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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: Pierre Sanfacon

Address: 301 Marianne Street
Brooksville, FL 34601

Vice Chairman: Pierre Sanfacon

Address: 301 Marianne Street
Brooksville, FL 34601

Director: Pierre Sanfacon

Address: 301 Marianne Street
Brooksville, FL 34601

Director: _____

Address: _____

B. OFFICERS

President: Pierre Sanfacon

Address: 301 Marianne Street
Brooksville, FL 34601

Vice President: Pierre Sanfacon

Address: 301 Marianne Street
Brooksville, FL 34601

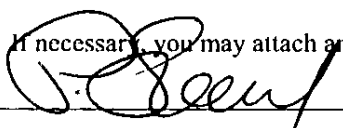
Secretary: Pierre Sanfacon

Address: 301 Marianne Street, Brooksville, FL 34601

Treasurer: Pierre Sanfacon

Address: 301 Marianne Street, Brooksville, FL 34601

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Pierre Sanfacon, President

(Typed or printed name and capacity of person signing application)

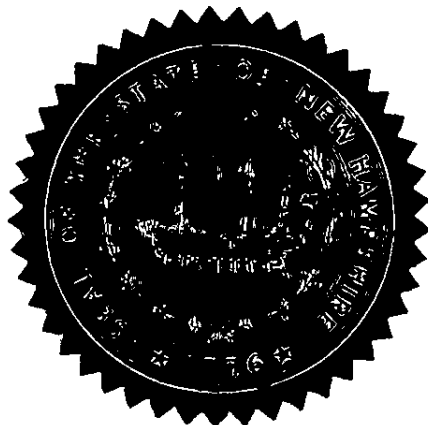
State of New Hampshire

Department of State

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CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Towelettes Etc, Inc. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on April 9, 2013. I further certify that all fees required by the Secretary of State's office have been paid and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 13th day of January, A.D. 2014

William M. Gardner
Secretary of State