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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -2 P 12:56

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FEB 03 2016

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2015

THU NGUYEN **2ND MAILING**
2303 RANCH ROAD 620 S, SUITE 135
LAKEWAY, TX 78734-6227

SUBJECT: ARETE EPM INC
Ref. Number: W15000070208

We have received your document for ARETE EPM INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 415A00022438



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2015

THU NGUYEN
2303 RAND ROAD 620 S, SUITE 135
LAKEWAY, TX 78734-6227

Ranch Rd.

SUBJECT: ARETE EPM INC
Ref. Number: W15000070208

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Stacey M Mason
Regulatory Specialist II

Letter Number: 415A00022438

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARETE EPM 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:

THU NGUYEN

Name of Person

ARETE EPM INC.

Firm/Company

2303 RANCH ROAD 620 S, STE 135

Address

LAKEWAY, TX 78734-6227

City/State and Zip code

t.nguyen@AreteEPM.com

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

For further information concerning this matter, please call:

Thu Nguyen

Name of Person

at (

512)

Area Code

813-7638

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

ARETE EPM INC.

1.

(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)

TEXAS

464175331

2.

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

3.

(FEI number, if applicable)

4.

12/08/2013

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

01-13-2015

6.

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

2303 RANCH ROAD 620 S, STE 135, LAKEWAY, TX 78734-6227

7.

(Principal office address)

2303 RANCH ROAD 620 S, STE 135, LAKEWAY, TX 78734-6227

(Current mailing address, if different)

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

Name:

Incorp Services, Inc.

Office Address:

17888 67th Court North

Loxahatchee

(City)

, Florida

33470

(Zip code)

9. 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.*

Jackie D. Filippis on behalf of Incorp Services, Inc.
(Registered agent's signature)

10. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: THU NGUYENAddress: 2303 RANCH ROAD 620 S, STE 135LAKEWAY, TX 78734-6227

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: THU NGUYENAddress: 2303 RANCH ROAD 620 S, STE 135LAKEWAY, TX 78734-6227

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. ☒ Thu

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. THU NGUYEN, PRESIDENT

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

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2016 FEB - 2 P 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Arete EPM Inc. (file number 801885456), a Domestic For-Profit Corporation, was filed in this office on November 19, 2013.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: December 08, 2013

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 03, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 653703310003