# F/6000005031

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W16000072596			

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2016

STEVE SMITH 210 S FILED CREST DR ST. AUGUSTINE, FL 32092

SUBJECT: HYDRAULIC.NET, INC.

Ref. Number: W16000072596

SEURETARY OF STAIL
TALLAHASSEE, FLORIDA

2016 NOV -8 AM 9: 34

We have received your document for HYDRAULIC.NET, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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

Please return the corrected original and one copy of 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) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 916A00022919

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI		ET INC ion - must include suffix	
	Name of corporat	ion - must include suffix	
Dear S	ir or Madam:		
"Certif	closed "Application by Foreign Corporation : icate of Existence," or "Certificate of Good S referenced foreign corporation to transact bus	standing" and check are sub	
Please	return all correspondence concerning this ma	tter to the following:	
	Steve S	of Person	
	Name	of Person	*** ** *******************************
	Hydraulic	. Net loc	
	Firm/C	. Net Inc	
	210 5	FIELD CREST I	) R
	Ac Ac	Idress	
	St Amous	etino Fl 32	2n9 D
	City Stat	stine, FL 32 e and Zip code	-01
	accounting a h	d for future annual report r	notification)
For fur	ther information concerning this matter, pleas	se call:	
1	12 D'Ambonsin at (95)	4 1 410-080	.9
	Name of Person Area C	Code Daytime Telepl	hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclose	ed is a check for the following amount:		
	·		
<b>yu) \$</b> 70	.00 Filing Fee \$\Boxed{\sigma}\$ \$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. Hydrai	olic. net Inc.	D," "COMPANY," "CORPORATION,"
(Enter name of co	rporation; must include "INCORPORATE! rp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate nan	me adopted for the purpose of transacting business in Florida)
2. ILLIN	015	3 47-1883433
(State or country	under the law of which it is incorporated)	3. 47 - 1883433 (FEl number, if applicable)
4. 8/21	/2014	5(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
6	Oct 2,2016	
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. 210	S FIELD CREST	DRIVE
	·	ncipal office address)
ST.	AUGUSTINE, FL	32092 5 ailing address, if different) 5 5
	(Current ma	iling address, if different)
8. Name and street	address of Florida registered agent: (l	P.O. Box NOT acceptable)  ST DR
Name:	Steve Smith	
Office Address:	210 5 FIELD CRES	ST DR
	St. Augustine (City)	, Florida <u>32092</u> (Zip code)
	ed as registered agent and to accept se	ervice of process for the above stated corporation at the place
further agree to co		intment as registered agent and agree to act in this capacity. es relative to the proper and complete performance of my is of my position as registered agent.
	Steve	In the
<del></del>	(Registere	ed 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Steve Smith
Address: 210 5 Field Crest Dr
St. Augustine FL 32092
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
Addicss.
B. OFFICERS
B. OFFICERS  President: Steve Smith
( ) ·
Address: 210 S. FIELD CREST DR.  St. Approstine FL 32092
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. Signature of Director or Officer
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. STEPHEN L. SMITH PRESIDENT

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

File Number

6956-377-5



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HYDRAULIC.NET INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of OCTOBER A.D. 2016.

Authentication #: 1629202142 verifiable until 10/18/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE