

F17000000S34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

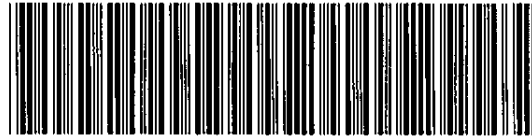
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-10000

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17 FEB -2 A 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
17 FEB -2 AM 11:31
SUFFICIENT COPY OF FILING

S Warren

FEB 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2017

CT CORP

SUBJECT: DRYLOCK TECHNOLOGIES, LTD.
Ref. Number: W17000010000

CORRECTED
PLEASE REFILE
AND KEEP ORIGINAL
FILE DATE.
Thank you
Evi

We have received your document for DRYLOCK TECHNOLOGIES, LTD. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00002225

245-6897

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

2/2/17

ACCT. I20160000072

en: L SW

Name:	Drylock Tech
Document #:	
Order #:	10350416

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

<u>Filing:</u>	<u>Certified:</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drylock Technologies, Ltd.
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:

Getey Ritchott

Name of Person

Gray Plant Mooty

Firm/Company

500 IDS Center, 80 S. Eighth St.

Address

Minneapolis, MN 55402

City/State and Zip code

Getey.Ritchott@gpmlaw.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code 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.*

1. Drylock Technologies, Ltd. Co.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- Drylock Technologies Ltd. Co.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/16/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 1/1/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3925 North Hastings Way, Eau Claire, WI 54703-3703
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System


Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

C T Corporation System

By:  Cristie Myers, Asst. Secretary
(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.

FILED
9/17/2016 - 3 A 10:02
SECRETARY OF STATE
TAMMISSE, FLORIDA

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

A. DIRECTORS

Chairman: Jules Van Malderen
Address: 3925 North Hastings Way, Eau Claire, WI 54703-3703

Vice Chairman: Piet Van Geet
Address: 3925 North Hastings Way, Eau Claire, WI 54703-3703

Director: Bartje Van Malderen
Address: 3925 North Hastings Way, Eau Claire, WI 54703-3703

Director: _____
Address: _____

B. OFFICERS

President: Jules Van Malderen
Address: 3925 North Hastings Way, Eau Claire, WI 54703-3703

Vice President: Bartje Van Malderen
Address: 3925 North Hastings Way, Eau Claire, WI 54703-3703

Secretary: Christopher Carlisle
Address: 3925 North Hastings Way, Eau Claire, WI 54703-3703

Treasurer: Piet Van Geet
Address: 3925 North Hastings Way, Eau Claire, WI 54703-3703

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

12. _____
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. JULES VAN MALDEREN President
(Typed or printed name and capacity of person signing application)

FILED
JUL 17 - 2 A 10:02
OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRYLOCK TECHNOLOGIES, LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6217374 8300

SR# 20167288099

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203593686

Date: 12-28-16