

F17000004559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

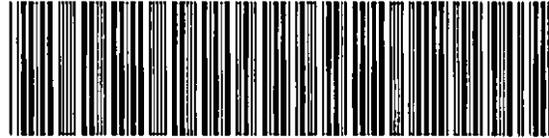
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 OCT 11 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2017

PIETRO M. CURSIO  
650 E. BAIRD AVENUE  
BARBERTON, OH 44203 US

SUBJECT: WP ENTERPRISES  
Ref. Number: W17000080121

We have received your document for WP ENTERPRISES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 717A00020371

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Wet Paint Co., Inc.

**SUBJECT:** \_\_\_\_\_  
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:

Pietro M. Cursio

\_\_\_\_\_  
Name of Person

Wet Paint Co., Inc.

\_\_\_\_\_  
Firm/Company

650 E. Baird Avenue

\_\_\_\_\_  
Address

Barberton, Ohio 44203

\_\_\_\_\_  
City/State and Zip code

WetPaintAndWash@gmail.com

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

For further information concerning this matter, please call:

Barbara Cursio

330

431-0231

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)

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

Wet Paint USA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
 2. Ohio 3. 36-4844426

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/28/2016 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 650 E Baird Avenue, Barberton, Ohio 44203  
 (Principal office address)

same  
 (Current mailing address, if different)

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

Name: Jeffery Hostetler  
 Office Address: 16 Birdie Drive  
New Smyrna, Florida 32168  
 (City) (Zip code)

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 TALLAHASSEE, FLORIDA

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.*

Jeffery R Hostetler  
 (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.

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

**A. DIRECTORS**

Chairman: Pietro M. Cursio  
Address: 650 E. Baird Ave., Barberton, Ohio 44203

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

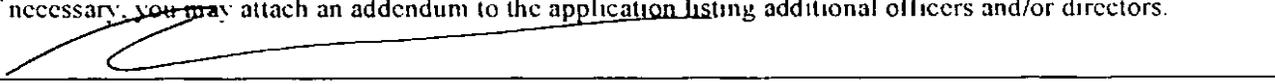
President: Pietro M. Cursio  
Address: 650 e. baird Ave., Barberton, Ohio 44203

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

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. Pietro M. Cursio, Director/President & Owner  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WET PAINT CO., INC., an Ohio corporation, Charter No. 3927530, having its principal location in Barberton, County of Summit, was incorporated on July 28, 2016 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of October, A.D. 2017.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201727801222

Attn: Judy - 1 page follows

Please call 330-431-0231  
if this name is not available  
I have other alternates ready.

Thank You!

Barb Cursio

Barb Cursio, Admin. Assis

Pietro Cursio

2017 OCT 11 PM 12:52

FALL ARLANDERS, FLORIDA