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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6389

From:

Account Name : API PROCESSING - LICENSING (TAMAP OFFICE)
Account Number : I20150000120
Phone : (954)233-0222
Fax Number : (954)206-0422

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: angela@apiprocessing.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
XYLEM, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XYLEM, 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:

ANGELA D. BRAGG

Name of Person

API PROCESSING

Firm/Company

29157 CHAPEL PARK DR. STE A

Address

WESLEY CHAPEL, FL 33543

City/State and Zip code

angela@apiprocessing.com

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

For further information concerning this matter, please call:

ANGELA BRAGG

Name of Person

at (954)

Area Code

233-0222

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. XYLEM, 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. VIRGINIA

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

3.

27-2183056

(FEI number, if applicable)

4. 03/10/2010

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

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

7. 208 EAST PLUME ST. STE 250 NORWALK, VA 23510

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: API PROCESSING-LICENSING, INC.Office Address: 3419 GALT OCEAN DRIVE, STE AFORT LAUDERDALE

(City)

, Florida

33308

(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.



(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.

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

A. DIRECTORSChairman: RANDOLPH HOOVERAddress: 208 EAST PLUME ST. STE 250 NORWALK, VA 23510Vice Chairman: WILLIAM HOOVERAddress: 208 EAST PLUME ST. STE 250 NORWALK, VA 23510Director: BENJAMIN HOOVERAddress: 208 EAST PLUME ST. STE 250 NORWALK, VA 23510

Director: _____

Address: _____

B. OFFICERSPresident: RANDOLPH HOOVERAddress: 208 EAST PLUME ST. STE 250 NORWALK, VA 23510Vice President: WILLIAM HOOVERAddress: 208 EAST PLUME ST. STE 250 NORWALK, VA 23510Secretary: BENJAMIN HOOVERAddress: 208 EAST PLUME ST. STE 250 NORWALK, VA 23510

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. RANDOLPH HOOVER, PRESIDENT

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Xylem, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is March 10, 2010;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:
October 19, 2017

Joel H. Peck

Joel H. Peck, Clerk of the Commission

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Fax Server



October 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

API PROCESSING-LICENSING

SUBJECT: XYLEM, INC.
REF: W17000084349

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

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) 245-6052.

JUAN A REYES
Regulatory Specialist II

FAX Aud. #: H17000277424
Letter Number: 517A00021306

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P.O. BOX 6327 - Tallahassee, Florida 32314