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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Wet Tech Energy, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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NOV 01 2019

**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 Tech Energy, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/24/1999 5. Perpetual
(Date of incorporation) (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. 4598 Woodlawn Rd Maurice LA 70555
(Principal office address)

PO Box 310 Milton Louisiana 70558
(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

 Tom Glover Northwest Registered Agent LLC
- Assistant 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.

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

A. DIRECTORS

Chairman: Jayne Carl

Address: 123 Bonner Dr

Lafayette LA 70508

Vice Chairman: _____

Address: _____

Director: Paul Anderson

Address: 4596 Woodlawn Rd

Lafayette, LA 70508

Director: _____

Address: _____

B. OFFICERS

President: Jayne Carl

Address: 123 Bonner Dr

Lafayette LA 70508

Vice President: Todd Carl

Address: 4596 Woodlawn Road

Maurice LA 70555

Secretary: Tonya Anderson

Address: 109 MARTELE BLVD. LAFAYETTE, LA 70508

Treasurer: Tonya Anderson

Address: 109 MARTELE BLVD. LAFAYETTE, LA 70508

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

12. Jayne Carl 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. Jayne Carl CEO
(Typed or printed name and capacity of person signing application)



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

WET TECH ENERGY, INC.

Domiciled at MAURICE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on August 24, 1999,

I further certify that no Certificate of Dissolution or Termination has been issued.

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In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 23, 2019



Certificate ID: 11132757#2NJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

R. Kyle Ardoin

Secretary of State

Web 34829896D