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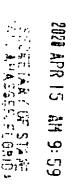
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APR 23 2020 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Terrence E. Wolfe Name of corporation - must inc	P.E. Inc.			
	nuc surra			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorizat "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Florical Corporation (Corporation Corporation Corporati	check are submitted to register the			
Please return all correspondence concerning this matter to the foll	owing:			
Debbra wolfe				
Name of Person				
Terrence E. Wolfe P.E. In Firm/Company	<u>c · </u>			
11070 De Miranda Ave				
North Port FL 34287 City/State and Zip cod	e			
dwolfe aut net E-mail address: (to be used for future a				
For further information concerning this matter, please call:				
Debbra Wolfe at (713) 50	2-5260			
Name of Person at (713 SD Area Code D	aytime Telephone Number			
Registration Section Division of Corporations The Centre of Tallahassee	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STAT \$\Boxed{\text{S}}\$ \$70.00 Filing Fee \$\beta\$ \$78.75 Filing Fee \$\beta\$ Certificate of Status Certified	iling Fee & 💢 \$87.50 Filing Fee.			

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.

Terrence E. Wolfe P.E. I (Enter name of corporation; must include "INCORPORATED," " "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	_		
man son confit and son on son pro-				
(If name unavailable in Florida, enter alternate corporate name add	and of fourth annual confirmation time having a in Florida			
		.)		
(State or country under the law of which it is incorporated)	(FEI number, if applicable)			
	_			
(Date of incorporation)	(Date of duration, if other than perpetual)			
None Awaiting COA		_		
(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) . F.S., to determine penalty liability)			
11070 De Miranda Ave 1	Vorth Part, FL 34287			
(Principal office	street address)			
	3310.1700	_		
(Current mailing a	address, if different)	2021		
. Name and street address of Florida registered agent: (P.O. I	Box NOT acceptable)	APR I		
Name: Edsel Hibner	デント 2) 2年	? IS		
.115 6 7	$=$ $\frac{e^{\alpha}}{\pi}\hat{\mathcal{H}}$	P-		
Office Address: 412 S. Tamiamit		به ز		
Venice TEL (City)	. Florida <u>34285</u> 原體	59		
	(Zip code)			
Registered agent's acceptance: Inving been named as registered agent and to accept service		a nlava		

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.

TX only Offers a 'Franchice Tax Account Status': That has been included. The office of the Sevetary of State has off to speak with FL Office in day fication they can be reached to speak with FL Office in day fication they 512-463-5578

A. DIRECTORS	· ·			
↓ Chairman	Name: Terrence E Wolfe	□Chairman	Name:	
□Vice Chairman	Address: North Port, F-L 34287	⊄ ′□Vice Chairman	Address:	
\$\forall \text{Director}	Terrence E. Wolfe	Director		
X President	Terrence E. Wolfe	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		Other
□Chairman	Name: Dobbial WC/Ce	□Chairman	Name:	
⊉ Vice Chairman	11070 Do mirando Ave Address: North Port, FL 34287	□Vice Chairman	Address:	
#Pirector	Debbra L. Wolfe	□Director		
□President		□President		
□Vice President		□Vice President		☐Treasure 7
Secretary	□Treasurer	□Secretary		Treasurer 7
Other	Other	□Other		Otheries:
□Chairman	Name:	□Chairman	Name:	<u>EX</u> 2
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department of Director of Signature of Director of	nt of State Annual Re	port form.	
The officer or dies	ctor signing this document (and who is listed in number			
	alse information submitted in a document to the Departr			

13. Debbra L. Wolfe
(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for TERRENCE E. WOLFE, P.E., INC. (file number 800038905), a Domestic For-Profit Corporation, was filed in this office on December 21, 2001.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 09, 2020.



Ruth R. Hughs Secretary of State

ix: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 962261140003

Phone: (512) 463-5555 Prepared by: SOS-WEB