Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200002338373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Fax Number

Phone : (800)342-9856 : (800)354-3381

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 WATERWIPES (USA) INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	:\$728:75-

JUL 21 2020

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

H20000233837.3

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMBLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
(It name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)	
2. <u>North Ca</u> rolina	₃ 35-2525125	
(State or country under the law of which it is incorporated	d) (FEI number, if applicable)	
01/07/2015	5. Perpetual	
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
10/22/2019	(perpetual)	
155 FLEET STREET PORTSMON (Principal office) 155 FLEET STREET PORTSMOUT	address)	
(Current mailing	; address)	
 Name and street address of Florida registered agent: Name: Incorporating Service 		
Name. Induporating box vice		
Office Address: 1540 Glenway Drive		
Tallahassee	Florida 32301	
(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.

Smelissa A. Stops - assistant Secretary

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.

(H20000233837

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

A. DIRE	CTORS		
Chairman:	BARRY MCCULLEN		
Address: _	155 FLEET STREET		
	PORTSMOUTH, NH 03801		
Vice Chaim	man:		
Address: _			
Director: _			
– Director: _			
			- .
B. OFFIC	CERS		21
President:	EDWARD MCCLOSKEY	- +; - +;	2020
Address: _	155 FLEET STREET	**************************************	10. 30
_	PORTSMOUTH, NH 03801		
Vice Presid	lent:	· // // // // // // // // // // // // //	_ ∵;- ::<
Address: _		10 Pr	<u></u>
Secretary:			
Address: _			
Treasurer:			
Address: _	·		
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	
12. <u>Ba</u>	rry McCullen		
The office are true an a third deg	Signature of Director or Officer or or director signing this document (and who is listed in number 12 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Spree felony as provided for in s.817.155, F.S. RRY MCCULLEN		

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

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WATERWIPES (USA) INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of January, 2015, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has not been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Elaine J. Marshall

Sccretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

of Raleigh, this 16th day of July, 2020.

Certification# 107857787-1 Reference# 16393025- Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification

(11001-10072527)