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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT	Wet Vapes Inc.			
oobsider.	Name	of corporation	- must include suffix	
Dear Sir or M	Aadam:			
"Certificate	I "Application by Foreign Co of Existence," or "Certificate need foreign corporation to to	of Good Stanc	ling" and check are subr	
Please return	all correspondence concerni	ing this matter	to the following:	
Jennifer L.	Albrecht			
		Name of F	erson	
Colucci &	Gallaher, P.C.			
		Firm/Comp	pany	
424 Main S	Street, Suite 2000			·
		Addre	SS	<u> </u>
Buffalo, No	ew York 14202			; ,
		City/State an	d Zip code	
jalbrecht@	colucci-gallaher.com			
	E-mail address	s: (to be used fo	or future annual report n	otification)
For further in	nformation concerning this m	natter, please ca	111:	
Jennifer L. Albrecht at (716	853-4080	
Nan	ne of Person	Area Code	Daytime Teleph	ione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection orporations
	t check for the following amore heck payable to: FLORIDA DI ling Fee	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)		
New York 3.		46-2975671			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
June 6, 2013	5.	perpetual			
(Date	of incorporation)	(Date of duration, if other than	perpetual)		
NA					
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
3440 Lakewo	od Drive, North Tonawanda, New Yor	• • • • • • • • • • • • • • • • • • • •			
		ice street address)			
3440 Lakewood Drive, North Tonawanda, New York 14120					
· · · · · · · · · · · · · · · · · · ·	(Current maili	ng address, if different)			
			7		
Name and street	et address of Florida registered agent: (P.0	O. Box NOT acceptable)			
Name:	United Corporate Services, Inc.				
	2450 Laborator D. T.				
ffice Address:	3458 Lakeshore Drive		• •		
	Tallahassee	, Florida <u>32312</u>			
	(City)	(Zip code)			

Michael A. Barr President
(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.

A. DIRECTORS Himanshu Rajpal Name: □ Chairman □ Chairman Name: 3440 Lakewood Drive Address: North Tonawanda, NY 14120 □ Vice Chairman □ Vice Chairman Address: _______ Director □ Director President □President □ Vice President □ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other ____ □Other _____ □Other _____ □Chairman □ Chairman Name: Name: □Vice Chairman Address: _____ □Vice Chairman Address: □ Director Director □ President □President □Vice President ____ □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman Name: ☐ Chairman Address: ____ ☐ Vice Chairman Address: _____ □Vice Chairman □ Director □ Director □President □President □Vice President _ □Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other □Other ____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Floride Department of State Annual Report form. 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

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 of 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. Himanshu Rajpal

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WET VAPES INC. was filed on 06/06/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 31st day of March two thousand and twenty-one.

Brandon C Hydra

Brendan C Hughes
Executive Deputy Secretary of State