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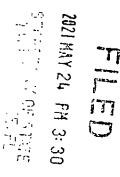
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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6/13/21

COVER LETTER

_	tration Section				
SUBJECT:	PetesPower, Inc).			
SOBJECT.		Name of corporati	on - mus	t include suffix	
Dear Sir or M	adam:				
"Certificate of	"Application by Fore Existence," or "Cerect Coreign corporations or the Coreign coreig	tificate of Good St	anding"	and check are subm	Business in Florida," itted to register the
Please return a	all correspondence co	oncerning this mate	ter to the	following:	2021
David P. Drum		_		<u>.</u>	
		Name o	of Person		£ 1
PetesPower, Inc.		P 11			
		Firm/Co	mpany		ြို့က ယူ
N82W23548 Pi	itching Wedge Ct.				750 G. 30 TEL. 30
		Ado	iress		
Sussex, WI 530	189				
<u> </u>		City/State	and Zip	code	
Dave.D@Petesi					
	E-mail :	address: (to be used	l for futu	re annual report not	ification)
For further infe	ormation concerning	this matter, please	call:		
David P. Drumo	el	at (⁴¹⁴	614	-0730	
Name	of Person	Area Co	ode	Daytime Telepho	nc Number
Regist Division The Co 2415 N	ET/COURIER AD tration Section on of Corporations entre of Tallahassee N. Monroe Street, Su assee, FL 32303			MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
		IDA DEPARTMEN	□ \$78.7		■ \$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.

(Enter name of c	corporation; must include "INCORPORATEL lorp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORAT	ION,"
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transact	cting business in Florida)
Wisconsin, USA		86-1180749	
08/11/2020	ry under the law of which it is incorporated)	(FEI number, if	applicable)
- (Date	of incorporation) 5	(Date of duration, if oth	er than perpetual)
March 10, 2021			. 2
Same	(Current maili	fice street address) ng address, if different)	billity) 11 PM 3: 30
. Name and stree	et address of Florida registered agent; (P.	O. Box <u>NOT</u> acceptable)	
Name:	David P. Drumel, President		
ffice Address:	2127 NW Settle Ave		
	Port St. Lucie	, Florida 34986	
	(City)	(Zip code)	

e ities, and I am familiar with and accept the obligations of my position as registered agent.

> 05-18-21 (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	•					
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	N82W23548 Pitching Wedge Ct.	□Director	W233N6950 Salem Drive			
■ President	Sussex, WI 53089	□President	Sussex, WI 53089			
□ Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
CEO CEO	Other	Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	2021			
□President		□President				
□Vice President		□Vice President	2			
Secretary	☐Treasurer	☐ Secretary	Treasurer per			
□Other	□Other	Other	OOthers			
			111 2			
☐ Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
□President		President				
□Vice President		□Vice President				
□Secretary	☐Treasurer	☐ Secretary	□Treasurer			
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 Florida Department of State Annual Report form. 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 fall s.817.155, F.S.	se information submitted in a document to the Departs mel, President/CEO	ment of State constitut	cs a third degree felony as provided for in			

DOM NEW 180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

1, Patti Epstein, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

PETESPOWER, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 11, 2020.

I further certify that the following charter documents have been duly filed with this department, hamely: Articles of Incorporation filed on August 11, 2020 under the name EDTI ACQUISITIONS INC.: & Articles of Amendment filed April 12, 2021 changing the name to the current name PETESPOWER, IN€.

I further certify that said domestic corporation or limited liability company has not yet completed its initial report year and, accordingly, has not filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.: and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 13, 2021.

PATTI EPSTEIN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Patti Gostin

BY: Linda Anderson