## F22000000000073

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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SECKLIARY OF STATE

FILED 2022 MAR 22 AM 7: 59

## **COVER LETTER**

TO:	Division of Corporations						
C	Weibel Equip	nent. Inc.					
SUBJ	ECT:			1 1 07			
		Name of corporat	ion - mu	st include suffix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tanding"	and check are subm			
Please Peter M	-	lence concerning this mat	ter to the	e following:			
		Name	of Perso	<del></del>			
Weibel	Equipment, Inc.						
		·			<del></del>		
3870 H	lidden Cypress Way	Firm/C	ompany				
		Ad	dress		· ·		
Lake W	Vorth, FL 33467						
		Challen					
neterbo	nuller@me.com	City/Stat	e and Zi	o code			
	1	E-mail address: (to be use	d for fut	ure annual report no	otification)		
For fu	rther information con	cerning this matter, pleas	e call:				
Peter Muller 571			27	2781989			
		at (	)				
	Name of Person	Area C	ode	Daytime Telepho	one Number		
	STREET/COURI	FR ADDRESS:		MAILING AD	DDRESS:		
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
The Centre of Tallahassee			P.O. Box 6327				
	2415 N. Monroe St Tallahassee, FL 32		Tallahassee, FL 32314				
Enclos Please	sed is a check for the make check payable to	following amount: FLORIDA DEPARTME	NT OF S	TATE			
		\$78.75 Filing Fee &		.75 Filing Fee &	<b>\$87.50</b> Filing Fee,		
	C	Certificate of Status		tified Copy	Certificate of Status &		

## 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. Weibel Equipment, Inc. 1. (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 52-1823942 (State or country under the law of which it is incorporated) 2. (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) I August 2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3870 Hidden Cypress Way, Lake Worth, FL 33467 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Peter Muller Name: 3870 Hidden Cypress Way Office Address: Lake Worth (City)

## 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.

(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	Frode Nilsen		Peter Muller					
□ Chairman	Name: Solvang 30	□Chairman	Name:3870 Hidden Cypress Way  Address:					
□Vice Chairman	Address:	□Vice Chairman						
□Director	3450 Allerod, Denmark	□Director	Lake Worth, FL 33467					
President		□President						
□Vice President		■ Vice President						
Secretary	□Treasurer	□ Secretary	Treasurer					
☐Other	Other	□Other	Other					
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		□President						
		□ Vice President						
			□Treasurer					
Secretary	□Treasurer	☐ Secretary						
□Other	Other	Other	Other					
□Chairman	Name:	□ Chairman	Name:					
□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 attackadded to the index when filing your Florida Department							
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 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.								

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

Peter Muller, Vice President



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "WEIBEL EQUIPMENT, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2001, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "WEIBEL EQUIPMENT, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202895456

Date: 03-11-22