## F23000006765

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Wetel. Inc.	
Name of corpora	ntion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence." or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Erin Castro	
Name	e of Person
Inteserra	
Firm/	Company
151 Southhall Lane, Suite 450	
A	ddress
Maitland, FL 32751	
City/Sta	ate and Zip code
ecastro@inteserra.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Erin Castro 704	Code Daytime Telephone Number
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	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: <b>FLORIDA DEPARTM</b> \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	ENT OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certified Copy 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.

Delaware		dopted for the purpose of transacting b	usiness in i	iorida)	
Delaware	3				_
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
10/13/2023	5	PERPETUAL (Date of duration, if other than perpetual)			
(Date c	f incorporation)	(Date of duration, if other than perpetual)			
N/A		<u> </u>			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150				
16 WEST 16TH S	FREET, 5MN, NEW YORK NY 10011				
	(Principal offic	e <u>street</u> address)	_		
	(Current mailing	address, if different)			
<b>S</b> 1	III as CPIs ide as invest arrange (D.O.	Day NOT assentable		2	
Name and street	address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)		1923 NOV 16	
Name:	InCorp Services, Inc.	<u> </u>	, .	AON	
fice Address:	3458 Lakeshore Drive		•	-6	
	Tallahassee,	Florida 32312		P:	
	(City)	Florida 32312 (Zip code)	•	Při 1:40	
			•	_	
	nt's acceptance:			$\overline{}$	

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.

(Registered agent's signature)

## DocuSign Envelope ID: 7513A6E6-AFFF-4EA9-86FD-E7A3F6EEFCB7

A. DIRECTORS								
□Chairman	Name:	□Chairman	Name:	<del></del>				
□Vice Chairman	Address: 16 WEST 16TH STREET,	□ Vice Chairman	Address:					
□Director	5MN	□Director						
■ President	New York, NY 10011	□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary		□Treasurer				
□Other	Other	□Other		Other				
□Chairman	Name:	□Chairman	Name:	<u> </u>				
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□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		□Vice President						
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
□ Other	Other	Other		□Other				
Important Notice: individual fundamento in 12. dw. Law S		ent of State Annual R	ed for reporting poeport form.					
000000000000000000000000000000000000000	Signature of Director of							
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.								
13. President	(Typed or printed name and capacity of person	on cionina annivation	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
	(Typed or printed name and capacity of person	ar signing apprication	1)					



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

DELAWARE, DO HEREBY CERTIFY "WETEL, INC." IS DULY INCORPORATED

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

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WETEL, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2023.

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

Authentication: 204545508

Date: 11-08-23