F2400000 2696

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Walters Controls, Inc			
	e of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Stand	ing" and check are subm	
Please return all correspondence concer	ning this matter t	o the following:	
Trent Walters			
	Name of P	erson	
Walters Controls, Inc			
	Firm/Comp	pany	
4916 Oak Circle Dr. N.			
	Addres	SS	
Mobile, Al. 36609			
	City/State and	d Zip code	
Trent@walterscontrols.net			
E-mail addre	ess: (to be used fo	r future annual report no	tification)
For further information concerning this	matter, please ca	11:	
Trent Walters	251	661-4416	
Name of Person	Area Code	Daytime Telepho	one 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, F1, 32314	
Enclosed is a check for the following at Please make check payable to: FLORIDA \$70.00 Filing Fee Certificate	DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	\$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.

	corporation: must include "INCORPORATED," corp.," "Inc," "Co," or "Corp,")	"COMPANY." "CORPORATIO	N,"
If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transaction	ng business in Florida)
Alabama	3. 6	3. 63-1151119	
(State or count	$\frac{3}{4}$ y under the law of which it is incorporated)	(FEI number, if a	pplicable)
7/21/1995	5		
(Date	5	(Date of duration, if other	than perpetual)
	(Date first transacted business in F	lorida, if prior to registration)	· · · ·
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150.	Florida, if prior to registration) 2. F.S., to determine penalty liabil	lity)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609	2. F.S., to determine penalty liabil	lity)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150.	2. F.S., to determine penalty liabil	lity)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609 (Principal office	2. F.S., to determine penalty liabil	lity)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609 (Principal office	2. F.S., to determine penalty liabil street address)	
916 Oak Circle	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609 (Principal office	2. F.S., to determine penalty liabil street address) address, if different)	Ø
916 Oak Circle	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609 (Principal office (Current mailing) et address of Florida registered agent: (P.O.) C T Corporation System	2. F.S., to determine penalty liabil street address) address, if different)	Ø
016 Oak Circle Name and <u>stre</u> Name:	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609 (Principal office (Current mailing) et address of Florida registered agent: (P.O., C T Corporation System	2. F.S., to determine penalty liabil street address) address, if different)	2024 H
916 Oak Circle Name and <u>stre</u> Name:	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609 (Principal office (Current mailing) et address of Florida registered agent: (P.O.) C T Corporation System	2. F.S., to determine penalty liabil street address) address, if different)	2024 H
916 Oak Circle	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. Dr. N., Mobile, AL 36609 (Principal office (Current mailing) et address of Florida registered agent: (P.O., C T Corporation System	2. F.S., to determine penalty liabil street address) address, if different) Box NOT acceptable)	2024 MAY -

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.

Mna Mo Clarity (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						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	4916 Oak Circle Dr. N. Address:			
□ Director	Mobile. AL 36609	□Director	Mobile, AL 36609			
President		□President				
□Vice President		■Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	□Other	□Other	Other			
□ Chairman	Storey Walters	□Chairman	Name:			
□Vice Chairman	4916 Oak Circle Dr. N.	□Vice Chairman	Address:			
☐Director	Mobile, AL 36609	□Director				
□President		□President				
□Vice President		□Vice President				
■ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	□Other			
□ Chairman	Name:	□Chairman	Name:			
	Address:		Address:			
Director	Addition	□ Director				
President		□President				
		□Vice President				
☐ Secretary	□Treasurer	□ Secretary	□ Treasurer			
□Other	□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 intex when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer						
The officer or dire	ctor signing this document (and who is listed in number	11 above) affirms th	at the facts stated herein are true and that he ar			

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. C. L. Walters, Jr.

WES ALLEN
SECRETARY OF STATE

ALABAMA STATE CAPITOL MONTGOMERY, AL 36130

STATE OF ALABAMA

I, Wes Allen, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Walters Controls, Inc. was formed in Mobile County on July 21, 1995. The Alabama Entity Identification number for this entity is 000-173-245. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



005-216

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 25, 2024

Date

Wer Oel-

Wes Allen

Secretary of State