

| (Re                     | equestor's Name)   |      |
|-------------------------|--------------------|------|
| (Ad                     | ldress)            |      |
| (Ad                     | ldress)            |      |
| (Cit                    | ty/State/Zip/Phone | e #) |
| PICK-UP                 | MAIT               | MAIL |
| (Bu                     | ısiness Entity Nan | ne)  |
| (Do                     | ocument Number)    |      |
| Certified Copies        |                    |      |
| Special Instructions to | Filing Officer:    |      |
|                         |                    |      |
|                         |                    |      |
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MARSION OF CORPORATIONS

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2014

KERRI NAVARRO HYDROLOGICAL SOLUTIONS, INC. 41232 PARK 290 DRIVE, BLDG A WALLER, TX 77484-6692

SUBJECT: HYDROLOGICAL SOLUTIONS, INC.

Ref. Number: W14000007323

We have received your document for HYDROLOGICAL SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

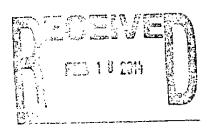
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 114A00002552



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

| TO:            | New Filing Section   |             |  |   |
|----------------|--|-------------|--|---|
|                | Division of Corporations   | - 1         |  |   |
| SUBJ           |  |             |  |   |
|                | Name of corpora  | ition - mu  | st include suffix  |   |
| Dear S         | ir or Madam:   |             |  |   |
| "Certif        | closed "Application by Foreign Corporation<br>ficate of Existence," or "Certificate of Good<br>referenced foreign corporation to transact bu | Standing    | " and check are sul  |   |
| Please         | return all correspondence concerning this m  | atter to th | e following:   |   |
| Ker            | ri Navarro   |             |  |   |
|                | Name   | of Perso    | n  |   |
| Hyd            | Irological Solutions, Inc.   |             |  |   |
|                | Firm/  | Company     |  |   |
| 412            | 32 Park 290 Drive, Buildin   | g A         |  |   |
| <u></u>        | A  | ddress      |  |   |
| Wal            | ler, TX 77484-6692   |             |  |   |
|                | City/Sta   | ite and Zi  | p code   |   |
| Kna            | varro@hydrologicalsolutions.   |             |  |   |
|                | E-mail address: (to be us  | sed for fu  | ture annual report   | notification)                                 |
| For fur        | ther information concerning this matter, plea  | ase call:   |  |   |
| Dar            | ren Miller at (800   | ) ,2        | 45-0199  |   |
|                |  |             | & Daytime Teleph   | one Number                                    |
|                |  |             |  |   |
|                | STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301      |             | MAILING A<br>New Filing Se<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7                    |
| Enclos         | ed is a check for the following amount:  |             |  |   |
| <b>= \$7</b> 0 | 0.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee &\Certificate of Status  |             | .75 Filing Fee & tified Copy   | □ \$87.50 Filing Fee, Certificate of Status & |

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE<br>REGISTER A FOI                               | E WITH SECTION 607.1503, FLORIDA<br>REIGN CORPORATION TO TRANSAC  | 4 STATU                              | TES, THE FOLLOWING IS SUBMITTED TO<br>VESS IN THE STATE OF FLORIDA   |           |
|---|---|--------------------------------------|--|-----------|
|   | ical Solutions, Inc.  |                                      | 3  | LEKE IA   |
| (Enter name of co   | orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp,")  | D," "CO                              | MPANY," "CORPORATION,"   | A CARAGE  |
| (If name unavails   | ible in Florida, enter alternate corporate nar  | me adopte                            | d for the purpose of transacting business in Florida)  | · · · · · |
| <sub>2</sub> Texas  |   | , 76-                                | 0514932  | en 🔅      |
| (State or country t   | under the law of which it is incorporated)  | J                                    | (FEI number, if applicable)  | _         |
| 4. 10/01/199  | 96  | 5. Per                               | rpetual  |           |
| (Date   | of incorporation)   | (Dur                                 | ation: Year corp. will cease to exist or "perpetual")  | •         |
| 6   |   |                                      |  | _         |
|   | (Date first transacted busines<br>(SEE SECTIONS 607.1501 & 607  |                                      |  |           |
| _ 41232 Par   | k 290 Drive, Building A   | 1 1                                  | alles TX 7748  | ( ( ( e - |
| 7. <del>4 1202   al</del>                                     | (Principal office a   | address)                             | 2192 17 176  | y. (lear  |
| 41232 Par   | k 290 Drive, Building A   | 1.10                                 | Mer TX 774841  | 692       |
| <del></del>   | (Current mailing a  | ıddress)                             |  | <b>=</b>  |
| NA management   |   |                                      |  |           |
| 0   | rrier sales and rentals   |                                      | the state of the s | -         |
| (Purpose(s)   | of corporation authorized in home state or  | country to                           | o be carried out in state of Florida)  |           |
| 9. Name and street  | t address of Florida registered agent: (1   | P.O. Box                             | NOT acceptable)  |           |
| Name:   | CT Corporation Systen   | <u>n</u>                             |  |           |
| Office Address:   | 1200 South Pine Island  | 1 Rd                                 |  |           |
|   | Plantation, Florida   |                                      | Florida 33324  |           |
|   | (City)  | '                                    | (Zip code)   |           |
| designated in this further agree to co<br>duties, and I am fa | ed as registered agent and to accept se<br>application, I hereby accept the appoil<br>amply with the provisions of all statute<br>amiliar with and accept the obligations | ntment a<br>es relative<br>s of my p |  | acity. I  |
| (   | CT Corporation System   | im k                                 | y ·  |           |

11. 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)

Vice President & Assistant Secretary

| 12. Names and business addresses of officers and/or directors:  |
|---|
| A. DIRECTORS  |
| Chairman: Darren Miller   |
| Address: 21011 W. Cameron Ridge Dr  |
| Cypress, Texas 77433  |
| Vice Chairman:  |
| Address:  |
|   |
| Director: Guy D. Sullins  |
| Address: 12700 Bowers Lane  |
| South Lyon, Michigan 48178  |
| Director: Donald L. Sullins   |
| Address: 37120 Elizabeth Lane   |
| New Boston, Michigan 48164  |
| B. OFFICERS   |
| President:  |
| Address:  |
| Address:  |
| Vice President:   |
|   |
| Address:  |
|   |
| Secretary:  |
| Address:  |
| Treasurer:  |
| Address:  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.   |
| Signature of Director or Officer  |
| The officer or director signing this document (and who is listed in number 12 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. |
| 14. Darren Miller-President   |
| (Typed or printed name and capacity of person signing application)  |

| 12. Names and business addresses of officers and/or directors:  |
|---|
| A. DIRECTORS  |
| Chairman:   |
| Address:  |
|   |
| Vice Chairman:  |
| Address:  |
|   |
| Director: Thomas P. Stephenson  |
| Address: 1520 E. Newburg Road   |
| Carleton, Michigan 48117  |
| Director:   |
| Address:  |
|   |
| B. OFFICERS   |
| President:  |
| Address:  |
|   |
| Vice President:   |
| Address:  |
|   |
| Secretary:  |
| Address:  |
| Treasurer:  |
| Address:  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.   |
| 13.   |
| Signature of Director or Officer  |
| The officer or director signing this document (and who is listed in number 12 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. |
| 14(Typed or printed name and capacity of person signing application)  |
| (1 yped or primed name and capacity of person signing application)  |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

# Office of the Secretary of State

### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for HYDROLOGICAL SOLUTIONS, INC. (file number 141719600), a Domestic For-Profit Corporation, was filed in this office on September 30, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 21, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Phone: (512) 463-5555 Prepared by: Victoria Castillo Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services

Document: 530543090002