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S. ROBERTS

FEB - 6 2023

COVER LETTER

TO:	Registration Sect Division of Corpo	prations		
SUBJ	ECT: Engineered	Consultants Inc.		
		Name of corporatio	n - must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	ir or Madam:			
"Certi	ficate of Existence,	n by Foreign Corporation for "Certificate of Good Sta corporation to transact busin	nding" and check are submi-	
Please	return all correspo	ndence concerning this matte	er to the following:	
Tracy	Diacetis			
		Name of	f Person	
Engine	ered Consultants Inc			
		Firm/Co	mpany	
183 Pre	ovidence-New Londo	n Tpke.		
	•	Add	ress	
North!	Stonington, CT 0635)		
		City/State	and Zip code	
ecitrac	yd@gmail.com			
		E-mail address: (to be used	for future annual report not	ification)
For fu	rther information co	oncerning this matter, please	call:	
Tracy	Diacetis at (860) 319-7494 Name of Person Area Code Daytime Telephone Number			
	Name of Person	Area Co	de Daytime Telephor	ne Number
	STREET/COUR Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations dahassee Street, Suite 810	MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Please	make check payable	e following amount: o: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status		■ \$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.

1. Engineered Cor	isultants Incorporated		
(Enter name of o	corporation; must include "INCORPORATED Corp." "Inc." "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
(If name unavail	lable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busine	ess in Florida)
2. Connecticut	3	3. 82-5488603 (FEI number, if applicable	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
4. April 2018	5	(Date of duration, if other than per	
(Date	e of incorporation)	(Date of duration, if other than per	petual)
6			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
_ 183 Providence ?	New London Tpke., North Stonington CT 063	, , ,	
/	(Principal of	ffice street address)	
	(Current mail	ling address, if different)	2025
8. Name and stre	et address of Florida registered agent: (P	.O. Box NOT acceptable)	^)
Name:	Keith Newman		(A)
Office Address:	13336 Susan Drive		ָנִי -
	Hudson	 , Florida ³⁴⁶⁶⁷	2: 46
	(City)	(Zip code)	J,

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 Name: _____ Name: N/A □Chairman □Chairman 183 Providence-New London Tpk Address: ☐ Vice Chairman □Vice Chairman Address: North Stonington, CT 06359 Director □ Director President □ President □Vice President □Vice President ☐Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □ Other □Other _____ □Other _____ Name: N/A Name: N/A □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □President □Vice President ☐ Vice President □ Secretary □Treasurer ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: N/A □ Chairman ☐ Chairman □Vice Chairman Address: ☐Vice Chairman Address: □Director □ Director □President □President □Vice President □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □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 index when filing your Florida Department of State Annual Report form. 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)

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: January 17, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	ENGINEERED CONSULTANTS INCORPORATED
Business ALEI	US-CT.BER:1270872
Formation Date	04/21/2018

Secretary of the State

Business ALEI: US-CT.BER:1270872

Note: To verify this certificate, visit Business.ct.gov

Page 1 of 1

Certificate Number: C-00075297