F080000003534

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only

ECRETARY OF STATE LLAHASSEE, FLORIDA

TEG



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2008

KRYSTEN COMPERCHIO ECO-SANITARY SOLUTIONS INC 1885 SW BILTMORE ST. PORT ST LUCIE, FL 34984

SUBJECT: ECO - SANITARY SOLUTIONS, INC.

Ref. Number: W08000026553

Please complete the enclosed form and return it to us with a check for \$ in order to complete your reinstatement.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 008A00034001

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: <u>& 20 · 30 Lu</u>	tions Carporation
(Name of corp	oration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this r	matter to the following:
Kristoni Com	sorchin
(Na	me of Person)
Eco. Sauit Ary	July Enoity 200
1905 S	m/Company)
1980 ON DIM	HOLO 24.
Dag 81 1 .a.	(Address)
1017 1 Will	LP 04181
(City/	State and Zip code)
For further information concerning this matter, pla	ease call:
	- 6
Culaton Comparchia	n2,508-5636
(Name of Person)	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	•
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy Certified Copy 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. Content 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)
2. Wyoming 3. 26-2548073
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOVEMBER 7, 2007 5. PORPLANDI.
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1885 SUBILLIONO SI PORT SU LIVIO DE
(Principal office address)
1885 SUBIHLORD SCHOOLSH LIGIT FE 3481
(Current mailing address)
Provide Savitary nainter and Products/Auser
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Floriday (
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: David Comperch, o
Office Address: 1885 Sw. Biltmore St.
Park St. Lucie, Florida 34984 (City) (Zip code)
(City) (Zip code)
0. 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)

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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Wystaw Compart No
Address: 1885 EW Biltype St.
Port 54 Lucie, Florida 3484
Vice Chairman:
Address:
Director: Mario Con pard 110
Address: 1885 SW RilfHora St
Port St. Ludin Florida 3148V
Director:
Address:
Address,
D. OFFICERS
B. OFFICERS
President: RNATON OVERLY CILO
Address: 1885 am BITTHURO ST.
7017 ar arab, M. 34184
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 listed in number \$2 of the application)
14 Krysten Compare Nio Prosinont
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

EcoSolutions Corp.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **November 8, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000545812**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of April, 2008 at 8:50 AM. This certificate is assigned 002763827.



Max Massielo
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.