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(Requestor's Name)									
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PICK-UP WAIT MAIL									
(Business Entity Name)									
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Ecoformity Inc.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Keith Vogt	
Name of Person	
WyomingRegisteredAgent.com, Inc.	
Firm/Company	
2510 Warren Ave.	
Address	
Cheyenne, WY 82001	
City/State and Zip code	
ssavige@plansvc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Keith Vogt _{at (} 307 ₎ 637-5151	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Final section Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\ \text{Certificate of Status} \text{S78.75 Filing Fee & Certified Copy} \text{S87.50 Filing Fee & Certified Copy} \text{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. Ecc	oformity In	nc.			77-61	: 2	
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	**************************************	AGN BIL	ال_
For	oformity I	nc (FL)				9	ILED
			ame	adopted for the purpose of transacting busines	ss in Flor	ida) 🤉	
		•				بب	\bigcirc
2. Wyo		under the law of which it is incorporated)	_ 3.	27-3775254 (FEI number, if applicable)	, 100 miles	<u> </u>	
	7/2009	, ,	_	perpetual			
4. <u>02/0</u>		of incorporation)	٥.	(Duration: Year corp. will cease to exist or	"perpetua	al")	
6 11/0	01/2010						
0. <u></u>				n Florida, if prior to registration)			
				502, F.S., to determine penalty liability)			
7. <u>251</u>	0 Warre	en Ave, Cheyenne, WY 820					
		(Principal office	add	ress)			
		(Current mailing	n d d	rana)			
		(Current maining	auu	11653)			
_s any	legal p	ourpose					
·			or co	ountry to be carried out in state of Florida)			
9. Name	c and stree	t address of Florida registered agent: ((P.C	D. Box NOT acceptable)			
	Name:	INCORP SERVICE		<u> </u>			
Office A	Address:	17888 67TH COURT NORTH	<u> </u>				
		LOXAHATCHEE		, Florida 33470			
		(City)		(Zip code)			
Having designat further	been nam ted in this agree to co	application, I hereby accept the appoint	intr es r	ce of process for the above stated corpord nent as registered agent and agree to act elative to the proper and complete perfor sition as registered agent.	in this c	apacit	y. I
	_	(Registered agent's signati	ure)				

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: Keith Vogt Address: 2510 Warren Ave Cheyenne, WY 82001 Vice Chairman: Address: Director: _ Address: _ Director: Address: _ B. OFFICERS President: Keith Vogt Address: 2510 Warren Ave. Cheyenne, WY 82001 Vice President: Secretary: _ Address: _ Address: _ NOTE: If necessary, you p by 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. Keith Vogt, President

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,

Ecoformity Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **February 7, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000565730**.

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 15th day of November, 2010 at 3:08 PM. This certificate is assigned 008725420.



Maj Massiele Secretary of State

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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.