

F11000002670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

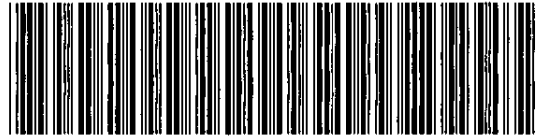
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUN 29 PM 1:41
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FILED
11 JUN 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
6/30

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 SOUTHWEST 22 STREET, 4TH FLOOR

MIAMI, FL 33145 - (305) 854-6000

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S)
(if known):

OFFICE USE ONLY

1. ESCON AMERICA INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk-In ☐ Pick up time ~~RECEIVED~~ ☐ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**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. ESCON AMERICA INC.
(Enter name 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. DELAWARE 3. 99-0367022
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/20/2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1391 NW St. Lucie West Blvd., #126, Port Saint Lucie, FL 34986
(Principal office address)
1391 NW St. Lucie West Blvd., #126, Port Saint Lucie, FL 34986
(Current mailing address)
8. Any legal business or activities for authorized under the laws of Florida and the United States.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Dr. Bernd-Christoph Schulze
- Office Address: 1391 NW St. Lucie West Blvd, #126
Port Saint Lucie, Florida 34986
(City) (Zip code)
10. **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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dr. Bernd-Christoph Schulze

Address: 1391 NW St. Lucie West Blvd., #126
Port Saint Lucie, FL 34986

Vice Chairman: Oliver Tzschätzsch

Address: 1391 NW St. Lucie West Blvd., #126
Port Saint Lucie, FL 34986

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dr. Bernd-Christoph Schulze

Address: 1391 NW St. Lucie West Blvd., #126
Port Saint Lucie, FL 34986

Vice President: _____

Address: _____

Secretary: Oliver Tzschätzsch

Address: 1391 NW St. Lucie West Blvd., #126, Port Saint Lucie, FL 34986

Treasurer: Dr. Bernd-Christoph Schulze

Address: 1391 NW St. Lucie West Blvd., #126, Port Saint Lucie, FL 34986

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Dr. Bernd-Christoph Schulze
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. Dr. Bernd-Christoph Schulze, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESCON AMERICA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JUNE, A.D. 2011.

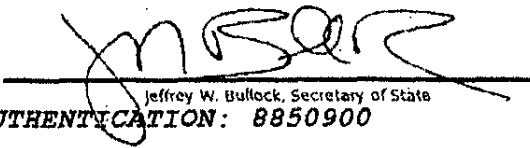
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TALLAHASSEE FLORIDA

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110743496

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8850900

DATE: 06-21-11