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(Requestor's Name)

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(City/State/Zip/Phone #)

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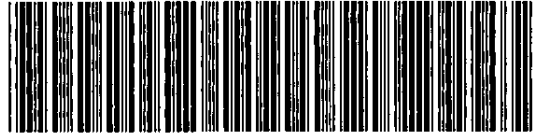
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

*K* 01/15/13

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** EcoAnalysts, 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:

Scott M. Lindstrom  
Name of Person  
EcoAnalysts, Inc.  
Firm/Company  
1420 S. Blaine St. Ste #14  
Address  
Moscow, ID 83843  
City/State and Zip code  
slindstrom@ecoanalysts.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott M. Lindstrom at (208) 882-2588 x22  
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

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
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 & Certified Copy    ☐ \$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. EcoAnalysts, 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. Idaho 3. 82-0476170  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-5-1994 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. ~~Sept 24, 2012~~ (Sept 24, 2012 - Dec 11, 2012) *Would like to register for effective Date of Jan 28, 2013.*  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1420 S. Blaine St. Ste #14, Moscow, ID 83843  
(Principal office address)

(Current mailing address)

8. Sales - Aquatic Resource Consulting  
(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: Kaylani Merrill

Office Address: 728 NW 9th Ave  
Gainesville, Florida 32601  
(City) (Zip code)

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**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.*

Kaylani Merrill  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Gary T. Lester

Address: 1420 S. Blaine St. Ste # 14

Moscow, ID 83843

Vice President: Scott M. Lindstrom

Address: 1420 S. Blaine St. Ste # 14

Moscow, ID 83843

Secretary: Gary T. Lester

Address: \_\_\_\_\_

Treasurer: Scott M. Lindstrom

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. Scott M. Lindstrom

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Idaho

Office of the Secretary of State

## CERTIFICATE OF EXISTENCE

OF

ECOANALYSTS, INC.

File Number C-108487

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13 JAN 14 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 12/05/1994.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 1/07/2013 1:59 PM



*Ben Yursa*  
SECRETARY OF STATE

Authentic Access Idaho Document ( <http://www.accessidaho.org/public/portal/authenticate.html> )  
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