## F150000000000000

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: EcoLogix Group, Inc	<b>.</b>
	oration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Rick Sheckells	
Nar	ne of Person
EcoLogix Group, Inc.	
Firm	n/Company
5 Applewood Ct.	
	Address
Parkton, MD 21120	
City/S	state and Zip code
rsheckells@ecologixgroup.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	lease call:
Rick Sheckells at (4	279-3837
Name of Person	Arca Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	-

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

' COMPLIANCE	WITH SECTION 607.1503, FLORIDA STATE	UTES, THE FOLLOWING IS SUBMI	TTED TO	5 FE
	EIGN CORPORATION TO TRANSACT BUSI			(7)
<b>EcoLogix</b>	Group, Inc.		, s mar ===	(3)
	rporation; must include "INCORPORATED," "Co	OMPANY," "CORPORATION,"		
"Inc.," "Co.," "Co	rp," "Inc," "Co." or "Corp.")		, <u></u> ;	ب
				9: 05
If name unavaila	ole in Florida, enter alternate corporate name adop	ted for the purpose of transacting busines	s in Florid <i>I</i>	a)
MARY	IAND 3.	32-2300916	<u> </u>	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
<u> </u>	36-3001 5	PERDELUAL		
	of incorporation) (Du	uration: Year curp, will cease to exist or	perpetual	")
N/A				
	(Date first transacted business in Flor			
= Annlows	(SEE SECTIONS 607.1501 & 607.1502, I	r.s., to determine penalty hability)		
o Appiewo	od Ct. Parkton, MD 21120			
•				
	(Principal office address)			
5 Applewo	od Ct. Parkton, MD 21120			
5 Applewo	-			
······································	od Ct. Parkton, MD 21120 (Current mailing address)			
· · · · · · · · · · · · · · · · · · ·	Od Ct. Parkton, MD 21120 (Current mailing address)  address of Florida registered agent: (P.O. Bo			
······································	od Ct. Parkton, MD 21120 (Current mailing address)			
Name and stree	od Ct. Parkton, MD 21120 (Current mailing address)  address of Florida registered agent: (P.O. Bo			
Name and stree	Current mailing address)  address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road			
Name and stree	od Ct. Parkton, MD 21120 (Current mailing address)  address of Florida registered agent: (P.O. Bo			
Name and <u>stree</u> Name:	Current mailing address)  address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road	ox <u>NOT</u> acceptable)		
Name and <u>stree</u> Name: fice Address:	cod Ct. Parkton, MD 21120 (Current mailing address)  address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road  Plantation (City)	ox <u>NOT</u> acceptable) , Florida <u>33324</u>		
Name and stree Name: fice Address: Registered age	address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road  Plantation (City)  nt's acceptance: ad as registered agent and to accept service of	ox NOT acceptable) , Florida 33324 (Zip code)		
Name and street Name: fice Address:  Registered age wing been name ignated in this	address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road  Plantation (City)  nt's acceptance: a as registered agent and to accept service of application, I hereby accept the appointment	ox NOT acceptable) , Florida 33324(Zip code)  of process for the above stated corport as registered agent and agree to act	in this c	<i>upacity</i>
Name and street Name: fice Address:  Registered age wing been name signated in this other agree to contact the contact the contact that the contact th	address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road  Plantation (City)  nt's acceptance: ad as registered agent and to accept service of	ox NOT acceptable)  , Florida 33324 (Zip code)  of process for the above stated corport as registered agent and agree to active to the proper and complete performance.	in this c	<i>upacity</i>
Name: fice Address:  Registered age aving been name signated in this rther agree to co ties, and I am fo	address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road  Plantation (City)  at's acceptance: a as registered agent and to accept service of application, I hereby accept the appointment amply with the provisions of all statutes related agent and accept the obligations of my CT Corporation System	ox NOT acceptable)  , Florida 33324 (Zip code)  of process for the above stated corport as registered agent and agree to act ive to the proper and complete perform position as registered agent.	in this c	<i>upacity</i>
Name and street Name: fice Address:  Registered age aving been name signated in this rither agree to conties, and I am for the street agree to a street agree agreet	Current mailing address)  (Current mailing address)  address of Florida registered agent: (P.O. Bo CT Corporation System  1200 South Pine Island Road  Plantation (City)  at's acceptance: a as registered agent and to accept service of application, I hereby accept the appointment amply with the provisions of all statutes relationships with and accept the obligations of my	ox NOT acceptable)  , Florida 33324 (Zip code)  of process for the above stated corport as registered agent and agree to act ive to the proper and complete perform position as registered agent.	in this c	<i>upacity</i>

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: 5 Vice Chairman: Director: Robert MacArthur Address: 22 Folsom Ct. Exeter, NH 03833 Director: **B. OFFICERS** President: Burton G. MacArthur Address: 15 Amesbury Street Seabrook, NH 03874 Vice President: Treasurer: Address: NOTE: If necessary, you may attach an addendam to the application lighting 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. 13. Burton G. MacArthur, President

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ECOLOGIX GROUP, INC., INCORPORATED MARCH 26, 2001, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 18, 2015.

Paul B. Anderson Charter Administrator

Paul B. andrew



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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