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Certified Copies	_ Certificates	s of Status				
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SECRETARY OF STATE

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COVER LETTER

TO:	O: Registration Section Division of Corporations						
	•	nce Plaza, Corp.					
SUBJ	IECT:	·					
		Name of o	orporation -	must include suffix			
Dear S	Sir or Madam:						
"Certi		or "Certificate of	Good Stand	ing" and check are sub	ct Business in Florida," mitted to register the		
	e return all correspond Sasson	lence concerning	this matter to	o the following:			
			Name of Pe	erson			
East C	oast Acquisitions		•				
			Firm/Compa				
230 5t	h Avenue, Suite 404A		comp.	··· <i>y</i>			
New Y	ork, NY 10001		Address	3			
elliot@	eastcoastacq.com	C	ity/State and	Zip code			
•	I	E-mail address: (t	o be used for	future annual report r	notification)		
For fu	rther information con	cerning this matte	er, please cal	l:			
Elliot S	Sasson	ot.	646	338 8400			
	Name of Person	at (Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclos	sed is a check for the	following amoun	t:				
□ \$70	0.00 Filing Fee	\$78.75 Filing Fe		\$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. ECA Providence Plaza, Corp. 1. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) 2. _ September 8th 2015 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 230 5th Avenue, Suite 404A, NY, NY 10001 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Chris Wild Name: 10140 Kingsbridge Avenue Office Address: Tampa (City) 9. 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)

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 ' Elliot Sasson Chairman: 230 5th Avenue, suite 404A, NY, NY 10001 Address: Vice Chairman: _____ Address: __ Elliot Sasson Director: 230 5th Avenue, Suite 404A, NY, NY 10001 Address: ____ Address: ___ B. OFFICERS Chris Wild President: 230 5th Avenue, suite 404A, NY, NY 10001 Address: Address: Address: ___ Address: ___ NOTE: If necessary/y//man attach an addendura 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 11 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. Elliot Sasson as Director 13. _____

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

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ECA PROVIDENCE PLAZA, CORP." 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 ELEVENTH DAY OF SEPTEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECA PROVIDENCE PLAZA, CORP." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5818586 8300

SR# 20150095150

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

Authentication: 10035682

Date: 09-11-15