(Re	questor's Name)				
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COVER LETTER

TO:	FO: Registration Section Division of Corporations				
SUBJ	ECT:	Ecocryise Elec	tric Transport	ation, Inc.	
		Name of corpora	tion - must include suffix		
Dear S	Sir or Madam:				
"Certi	ficate of Existence	tion by Foreign Corporation te," or "Certificate of Good on corporation to transact bu	Standing" and check are sul	act Business in Florida," bmitted to register the	
Please	return all corres	pondence concerning this m	atter to the following:		
		Knistin Con	moton		
		Name	of Person		
		, Firm/0	Company	······································	
		IDI Dedale Cou	r-l		
		TOT PEGATE COM	ddress		
		101 Regale Cou Longwood, Fi	wide 27779		
		City/Sta	te and Zip code		
		Knstin. nicole4 E-mail address: (to be us	amail com		
	<u>,</u>	E-mail address: (to be us	ed for future annual report	notification)	
For fu	rther information	concerning this matter, plea	ase call:		
K	nstin Cor	npton at (851	<u>) 529-0274</u>	<u> </u>	
	Name of Perso	n' Arca (Code Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for	the following amount:			
□ \$70	0.00 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. (Enter name of corporation; must include "INCORPORATED," "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) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

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: __ Vice Chairman: Address: Director: _ Address: Address: ____ B. OFFICERS President: Heven D. L Address: 9623 8th Aveni Vice President: Address: Secretary: __ Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Steven D. Leightu

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



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

ECOCRUISE ELECTRIC TRANSPORTATION, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 8/22/2012.

I FURTHER CERTIFY that as of the date of this certificate, ECOCRUISE ELECTRIC TRANSPORTATION, INC. remains active and has complied with the filing requirements of this office.

Date: January 25, 2016

UBI: 603-232-233

HEREIK-

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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- 777

Kim Wyman, Secretary of State