(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
L0200000X	17K1(rK)	

Office Use Only



500344165085

06/15/20--01017--001 ++300.00

Û5/11/20--01040--004 *+67.50

2020 (11-8 F112: 27

T GLASS
JUN 15 2020

Division of Corporations

May 18, 2020

NATE ROLFE 4000 S. 26TH STREET, SUITE 100 PHILADELPHIA, PA 19112 US

SUBJECT: ECOSAVE INC. Ref. Number: W20000048464

We have received your document for ECOSAVE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 420A00009973

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Ecosave Inc.				
Sobalic I.	Name of corporation	on - must include suffix		- 112
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Cer above referenced foreign corporat	tificate of Good Sta	inding" and check are subi		
Please return all correspondence c	oncerning this matte	er to the following:		
Nate Rolfe				
	Name o	f Person	·-	<u> </u>
Ecosave Inc.				
	Firm/Co	mpany		
4000 S. 26th Street, Suite 100				
	Add	ress		
Philadelphia, PA 19112				21
	City/State	and Zip code	· ·	12.3 C.3
nrolfe@ecosaveinc.com				·
E-mail	address: (to be used	for future annual report n	otification)	င္မ
For further information concerning	g this matter, please	call:		•
			12:	
Virginia Haskins	at (941-5616		27
Name of Person	Area Co	de Daytime Teleph	one Number	
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations	
•	IDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Fili Certificate Certified C	of Status &

- 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.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4000 S. 26th Street, Suite 100. Philadelphia, PA 19112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems	(Date of incorporation) (Date of duration, if other than perpetual) 5/1/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems		able in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Florida
(Date of incorporation) (Date of duration, if other than perpetual) 5/1/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4000 S. 26th Street, Suite 100, Philadelphia, PA 19112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems	(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems 1200 South Pine Island Road Plantation Plantation (City) Florida 33324 (Zip code)	Delaware	3. <u></u>	6-2516437	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4000 S. 26th Street, Suite 100, Philadelphia, PA 19112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1000 S. 26th Street, Suite 100, Philadelphia, PA 19112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems	2/25/2012			
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4000 S. 26th Street, Suite 100, Philadelphia, PA 19112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4000 S. 26th Street, Suite 100, Philadelphia, PA 19112 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems 1200 South Pine Island Road Plantation Florida (City) Florida (Zip code)	5/1/2018	of incorporation)	(Date of duration, if other than	n perpetual)
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation Systems 1200 South Pine Island Road	(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems 1200 South Pine Island Road Plantation (City) Florida 33324 (Zip code)		(SEE SECTIONS 607.1501 & 607.1502		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems 1200 South Pine Island Road Plantation (City) (City) (City) (City) (City idifferent) (P.O. Box NOT acceptable) (City idifferent) (City idifferent) (City idifferent) (City idifferent) (City idifferent) (City idifferent)	4000 S. 26th Stre			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems 1700 South Pine Island Road	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems		(Principal office	street address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation Systems 1200 South Pine Island Road	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation Systems		(Current mailing	address it different)	
Name: C T Corporation Systems Tago South Pine Island Road	Name: C T Corporation Systems 1200 South Pine Island Road Plantation (City) Florida (Zip code)		(0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1200 South Pine Island Road	Tice Address: 1200 South Pine Island Road Company Plantation Florida (Zip code) Total (Zip code) Total (Zip code) Total (Zip code) Total (Zip code) (Zip code)	Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	12
:	Tice Address: 1200 South Pine Island Road 1	Name	C T Corporation Systems		97.0
	Plantation Florida 33324 City (Zip code)		1200 South Pine Island Road		
	(City) (Zip code)		Plantation	— 33324 Florida	-₁
(City) (Zip code)	0.1		(City)		12
	Registered agent's acceptance:		ent's acceptance:		 22
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation a signated in this application, I hereby accept the appointment as registered agent and agree to act in this		aving been nam			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	•			
□Chairman	Name:	□Chairman	Name:	
. □Vice Chairman	Address: 4000 S. 26th Street, Suite 100	□Vice Chairman	Address: 4000 S. 26th Street, Suite 100	
□Director	Philadelphia, PA 19112	□Director	Philadelphia, PA 19112	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	■ Secretary	□Treasurer	
■Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□ Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary	☐Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name	
			Name: B	
□ Vice Chairman		□ Vice Chairman		
□Director		□Director	-1	
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
□Other	Other	□Other	Other	
Important Notice: Use in attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.				
· · · · · · · · · · · · · · · · · · ·	Signature of Director or	Officer		
The officer or direc	ctor signing this document (and who is listed in number	11 above) affirms th	at the facts stated herein are true and that he or	

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.

Nate Rolfe



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

DELAWARE, DO HEREBY CERTIFY "ECOSAVE 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 ELEVENTH DAY OF MARCH, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECOSAVE INC."

WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2013.

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

וויון

å

5:2



Authentication: 202560418

Date: 03-11-20