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Division of Corporations

August 13, 2020

PROCESSING DEPARTMENT 26025 MUREAU ROAD SUITE:120 CALABASAS, CA 91302

SUBJECT: ECOFASHION CORP, S.P.C.

Ref. Number: W20000089324

We have received your document for ECOFASHION CORP, S.P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 720A00015372

SEP 0 4 2020

RECEIVED

COVER LETTER

SUBJECT	ECOFASHION C	ORP / ECOFASHION CORP. S.P.	C.			
30bace i	Name of corporation - must include suffix					
Dear Sir or	Madam:					
"Certificate	ed "Application by Foreign Corporation of Existence," or "Certificate of Goo enced foreign corporation to transact b	on for Authorization to Transact Busine I Standing" and check are submitted to ousiness in Florida.	ess in Florida." o register the			
Please retur	n all correspondence concerning this	natter to the following:				
	Processing Department		7.			
	Nar	ne of Person	' ;			
	MyCorporation	Business Services, Inc.				
	Firm	/Company				
	26025 Murc	au Road Suite 120	÷			
		Address	-			
	Calabas	as, CA 91302				
	City/S	tate and Zip code	·			
	E-mail address: (to be	used for future annual report notification	on)			
For further	information concerning this matter. pl	ease call:				
Processing Department at (877) 692-6772 Name of Person Area Code Daytime Telepho		877 692-6772				
Na	me of Person Area	a Code Daytime Telephone Nur	mber			
Reg Div The 241	REET/COURIER ADDRESS: cistration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street. Suite 810 lahassee, FL 32303	MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns			
	a check for the following amount: check payable to: FLORIDA DEPART! iling Fee \$\times \text{S78.75 Filing Fee & Certificate of Status}	☐ \$78.75 Filing Fee & ☐ \$8 Certified Copy Co	7.50 Filing Fee, ertificate of Status ertified 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,

I	ECOFASHION CC	RP, S.P.C.	
	orporation; must include "INCORPORATED," "orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	
	ECOFASHION	CORP	
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)
2. WASHINGT	ON 3 83	3-3213107	
(State or country	ON y under the law of which it is incorporated) 3.	(FEI number, if app	olicable)
4. 01/18/2019	5		
(Date	of incorporation)	(Date of duration, if other the	nan perpetual)
6	N/A		
_	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liabilit	y) .
_{7.} 610 W 42ND 5	ST APT N55A, New York, NY 10036		•
	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
0. 1.		Nor	50
8. Name and stree	et address of Florida registered agent: (P.O. B	sox <u>NOT</u> acceptable)	
Name:	Legaline Corporate Services Inc.	_	
Office Address:	5237 Summerlin Commons, Suite 400		
	Fort Myers	Florida 33907	
	(City)	(Zip code)	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointmen omply with the provisions of all statutes rela- with and accept the obligations of my positi	t as registered agent and agre- tive to the proper and complete	e to act in this capacity. I e performance of my dutie,
	Dona ade		
	(Registered agent's signa	iture)	
10. Attached is a	certificate of existence duly authenticated, no	t more than 90 days prior to de	livery of this application to

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			
□Chairman	Name: MARCI ZAROFF	Chairman	Name:
□Vice Chairman	Address: 610 WEST 42ND STREET.	□Vice Chairman	Address:
Director	N55A	□Director	
■ President	New York, NY 10036	□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	<u> </u>
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other		□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	<u> </u>	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other		□Other	
	Use an attachment to report more than six (6). The att added to the index when filing your Florida Departm	nent of State Annual Re	
	Signature of Director	or Officer	
	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa		
13. MARCI ZA	AROFF, President	<u> </u>	



The State of Vashington

Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

ECOFASHION CORP, S.P.C.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/18/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/27/2020

UBI Number: 604 380 995



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

Kim Wyman, Secretary of State

tion Ulyna

Date Issued: 07/27/2020