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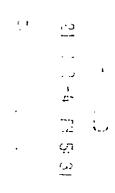
(Requestor's Name)				
(Address)				
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PICK-UP	MAIT	MAIL		
(Busin	ess Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fili	ng Officer:			





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COVER LETTER

то:	Registration Section				
	Division of Corporations				
SUBJ	ECT: ECM Holding Group, Inc				
	Name	of corporation	n - must	include suffix	
Dear S	ir or Madam:				
"Certi	iclosed "Application by Foreign Co licate of Existence," or "Certificate referenced foreign corporation to to	of Good Star	nding" a	and check are sub	
Please	return all correspondence concerni	ing this matte	r to the	following:	
Molly	Dunham				
		Name of	Person		
ECM I	Iolding Group, Inc				
		Firm/Con	npany		
2750 V	'inland Street				
		Addr	ess		
Oshko	sh, W1, 54901				
	<u> </u>	City/State a	ınd Zip	code	
admini	stration@ecmholdinggroup.com				
	E-mail address	: (to be used	for futu	re annual report r	notification)
For fu	ther information concerning this m	atter, please	call:		
Molly	Name of Person at (920) 267-6110 Area Code Daytime Telephone Number				
	Name of Person	Area Cod	le	Daytime Telep	hone Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	S:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	DDRESS: Section orporations 7
Please	ed is a check for the following amonake check payable to: FLORIDA DI .00 Filing Fee	EPARTMENT g Fee & [□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



February 17, 2021

MOLLY DUNHAM 2750 VINLAND ST OSHKOSH, WI 54901

SUBJECT: ECM HOLDING GROUP, INC.

Ref. Number: W21000022247

We have received your document for ECM HOLDING GROUP, INC. and your check(s) totaling \$95.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document is not complete we need the second page of the document.,

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 921A00003565

RECEIVED
MAR 0 4 2021

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.

ECM Holding (Group, Inc.			
	corporation; must include "INCORPORATED,' forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	,	
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting	business in Florida)	
Wisconsin 2.	3	85-3595632		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 eet Oshkosh, WI 54901	Florida, if prior to registration) 02, F.S., to determine penalty liability re street address))	
<u></u>	(Current mailing	g address, if different)	<u></u>	
8. Name and street Name;	et address of Florida registered agent: (P.O InCorp Services, Inc.	. Box <u>NOT</u> acceptable)		
Office Address:	17888 67th Court North		چين کي	
		, Florida	<u> </u>	
	(City)	(Zip code)		

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.

Jackie DeFilippis on behalf of InCorp Services, Inc.
(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.

DIRECTORS			When a London land
Chairman	Name: Erik Larson	□Chairman	Name:
Vice Chairman	Address: 2750 Vinland Street Oshkosh, WI	□Vice Chairman	Address: 2750 Vinland Street Oshkosh, W
Director		Director	
President		□President	
Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	□Treasurer
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:
Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
President		□President	
Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	□Other
lividuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Department		
mot	Signature of Director	or Officer	
e officer or direc	Signature of Director signing this document (and who is listed in numbers) also information submitted in a document to the Department of t		at the facts stated herein are true and that he

Kristen Travis He-Director
(Typed or printed name and capacity of person signing application)

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services. Department of Financial Institutions, do hereby certify that

ECM HOLDING GROUP, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 14, 2011.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis, Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed the official seal of the Department on January 26, 2021.

PATTI EPSTEIN, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

I/Corp/33

validate the authenticity of this certificate

t this web address: http://www.wdfi.org/apps/ccs/verify/

er this code: 287031-EFC4C96B