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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 797790 7199649

AUTHORIZATION : Local Resident

COST LIMIT : \$¹78/75

ORDER DATE : July 11, 2022

ORDER TIME : 1:57 PM

ORDER NO. : 797790-005

CUSTOMER NO: 7199649

FOREIGN FILINGS

NAME: EMCO HOLDING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO:	_	tration Section ion of Corporations				
SUBJ	ECT:	EMCO HOLDING, INC.				
0000		Name	of corporation	n - m	ust include suffix	
Dear S	ir or M	adam:				
"Certif	icate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Star	nding	" and check are submit	
Please	return	all correspondence concern	ng this matte	r to t	ne following:	
URIEL	. A. ME	NDIETA				
			Name of	Pers	on	
HUNT	ON AN	DREWS KURTH LLP				
		·.	Firm/Cor	npan		
333 SE	2nd Av	renue, Suite 2400				
-		- ·	Addr	ess	*	
Miami,	FL 331	31				
			City/State a	and Z	ip code	
mendie	tau@hu	inton.com				
		E-mail address	: (to be used	for fu	iture annual report noti	fication)
For fur	ther in	formation concerning this m	atter, please	call:		
Uriel A	. Mend	ieta	at (305 Area Code		336 2729	
-	Name	e of Person	Area Coc	ie –	Daytime Telephon	e Number
	Regis Divisi The C 2415	EET/COURIER ADDRES tration Section fon of Corporations fentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
	nake ch	check for the following amorek payable to: FLORIDA DI ng Fee	EPARTMENT g Fee & — I	■ \$78		S87.50 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.

(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)
2. DELAWARE	y under the law of which it is incorporated)	87-4555047
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. November 9, 20	3.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
6	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 s Point LN, Wellington, FL 33414	2, F.S., to determine penalty hability)
/. <u></u>		e street address)
	(Current mailing	address, if different)
		5 00
	et address of Florida registered agent: (P.O. Corporation Service Company	Box NO1 acceptable)
Name:	Corporation Service Company 1201 Hays Street	Box NOT acceptable)
Name:	Corporation Service Company 1201 Hays Street Tallahassee	, Florida
	Corporation Service Company 1201 Hays Street Tallahassee	32301

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 Lenir Perez Name: __ Ana Facusse □Chairman □ Chairman Address: ___15321 Natures Point LN Address: _ 15321 Natures Point LN □Vice Chairman ☐ Vice Chairman Wellington, FL 33414 Wellington, FL 33414 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 □Chairman □ Chairman Name: _____ Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □Director ☐ Director President □ President □Vice President ☐ Vice President ☐Secretary □ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ Important Notice; Use an 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 I rector 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 4.817,155, F.S.

Lenir Alexander Perez as President and Director of EMCO HOLDING INC.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EMCO HOLDING, 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 TWENTY-SECOND DAY OF JULY, A.D.

2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMCO HOLDING, INC." WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2021.

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



Jettrey W. Bullock, Secretary of State