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(Request	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
	Entity Name)
(Docume	it Number)
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S. FRANCEN BEC 2 9 2022

	COVER	LETTER	
TO: Registration Sec	tion		
Division of Corp			
SUBJECT: E-C Auton	nation /NC.		
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	on by Foreign Corporation for on "Certificate of Good State corporation to transact busings."	anding" and check are subm	
Please return all correspo Eduardo Soto	ondence concerning this matt	er to the following:	
	Name o	of Person	٦
E-C Automation /N			
	Firm/Co	mpany	
601 Brickell Key Drive, St	ite 700		(ب)
	Add	dress	
Miami, Florida, 33131			
	City/State	and Zip code	
info@digi-tech.online			
	E-mail address: (to be used	for future annual report no	otification)
For further information of	oncerning this matter, please	call:	
Eduardo Soto	786	8345011	
Name of Person	at (at (ode Daytime Teleph	one Number
STDEET/CALL	RIER ADDRESS:	MAILING AD	andree.
Registration Sec		Registration Se	
Division of Corp		Division of Cor	
The Centre of Ta		P.O. Box 6327	•
2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303	Tallahassee, FL	. 32314
Enclosed is a check for the Please make check pavable	ne following amount: to: FLORIDA DEPARTMEN	T OF STATE	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status of 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.

	INC.			<u> </u>
(Enter name of co	rporation; must including," "Inc." "Co." or "C	de "INCORPORATED," "(Corp.")	COMPANY," "CORPORATION,"	
Soto E-C Automa	ation Inc			
Minnesota		•	pted for the purpose of transacting busine	
05/16/2012			(FEI number, if applicable	
Has not Conduct	ed business vet		(Date of duration, if other than per	petual)
	Drive, Suite 700, Mia		orida, if prior to registration) F.S., to determine penalty liability)	Ę.
· ··		(Principal office s	street address)	
		(Current mailing a	ddress, if different)	(2)
Name and street	t address of Florida Eduardo Soto	registered agent; (P.O. B	ox <u>NOT</u> acceptable)	5. 4.18
Name:		trive, Suite 700		1-5
Office Address:	Miami, Florida			
		(City)	, Florida (Zip code)	

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

(Registered agent's signature)

Chairman Name	A. DIRECTORS	411	Maderalistoha				
Oriector	Chairman	Name:	EDVARDO SOTO	□Chairman	Name:		
Other	□Vice Chairman	Address:	<u> </u>	□Vice Chairman	Address:		_
	□Director	1		Director			
Chairman Name:	□President			□President			
Other	☐ Vice President			☐ Vice President			_
Chairman Name: Chairman Name:	□Secretary		□Treasurer	☐ Secretary		□Treasurer	
Olirector	Other		□Other	Other		Other	
Olirector							
Director	□Chairman	Name:		□Chairman	Name:		
President	□Vice Chairman	Address:		□ Vice Chairman	Address:		
Secretary	□Director			Director			
Secretary	□President			□President	••	~.2	
Other	□Vice President			□ Vice President		6.2	
Other	□Secretary		☐Treasurer	☐ Secretary			
Chairman Name:	□Other		Other	Other			_
Vice Chairman Name:						Ę	
Director Director	□ Chairman	Name:		□Сһаіппал	Name:	100	
President President	□ Vice Chairman	Address:		□ Vice Chairman	Address:		_
□ Vice President □ Secretary □ Treasurer □ Other □ Other □ Other □ Other □ Other □ Other □ Other □ □ Ot	□Director			□Director			
□ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □ Other □ Other □ Other □ Other □ Other □ □ Oth	□President			□President			
Other	□Vice President			□ Vice President			_
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 Director 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 can 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.	□Secretary		□Treasurer	☐ Secretary		□Treasurer	
Signature of Director 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 can 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.	□Other		□Other	Other		Other	_
Signature of Director 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 can 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.	individuals may be	added to the in	dex when filing your Florida Do	epartment of State Annual Re		ourposes only. Non-indexed	
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.			·				_
	she is aware that fa		submitted in a document to the	Department of State constitu			OI

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

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

E-C Automation Inc.

Date Filed:

05/16/2012

File Number:

489336600048

Minnesota Statutes, Chapter:

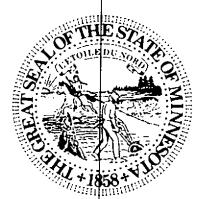
302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/05/2022



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota