-24000003304

(Requestor's Name)
(Address)
(Address)
(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W24-88425

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JUN 1 9 2024

ik, Brumbley



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2024

COGENCY GLOBAL

SUBJECT: ESSENTIAL CONTRIBUTIONS, LTD.

Ref. Number: W24000088425

Dlease:
Kup

onsind

file
Date

We have received your document for ESSENTIAL CONTRIBUTIONS, LTD. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 624A00012694

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	06/18/2024					
Name:	Patrice Rush					
Reference #:		-				
Entity Name:	ESSENTIAL CO	NTRIBUTIONS, LTD.				
	es of Incorporation/Authorization					
Amen	dment					
☐ Chang	Change of Agent					
☐ Reinst	tatement					
☐ Conve	ersion					
☐ Merge	er					
☐ Dissol	ution/Withdrawal					
Fictition	ous Name					
✓ Other	PLEASE PRO	OVIDE CERTIFIED COPY				
Authorized A						
Signature:	(Parto					

COVER LETTER

TO:	Registration Section Division of Corporations					
SURI	ECT:	Essen	tial Contributi	ions, Ltd.		
5000		Name of corporat	ion - must inc	lude suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by For ficate of Existence," or "Cer referenced foreign corporat	tificate of Good S	tanding" and	check are sub		
Please	return all correspondence c	oncerning this mat	ter to the foll	owing:		
		Leia B	Epstein			
		Name	of Person			
		Ketsa	I, PLLC			
+		Firm/C	ompany	···		
		155 Wa	ter Street			
		Ad	ldress			
		Brooklyп,	NY 11201			
		City/Stat	e and Zip cod	le		
			etsal.com			
	E-mail	address: (to be use	d for future a	ınnual report r	otification)	
For fu	rther information concerning	g this matter, pleas	e call:			
	Leia Epstein	at (91)	7)	503-9	050	
	Name of Person	Area C	ode E	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	_		NT OF STAT ☐ \$78.75 F Certified	iling Fee &	☐ \$87.50 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.

	Essential Contribution	·		
	oration; must include "INCORPORATED," ' " "Inc," "Co," or "Corp.")	'COMPANY,"	"CORPORATION,"	•
	Essential Contributio	ns, Ltd.		
(If name unavailable	in Florida, enter alternate corporate name ad-	opted for the pu	rpose of transacting	business in Florida)
	Delaware 3.			
	Delaware 3	ı	(FEI number, if appl	icable)
	March 14, 2023 5.			
(Date of i	incorporation) 55	(Date of	duration, if other tha	n perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)
	1417 NW 54th Street Sea	attle, WA 9810)7	
	(Principal office	street address)		
-	(Current mailing	address, if differ	rent)	
	ddress of Florida registered agent: (P.O. I	Box <u>NOT</u> acc	eptable)	2024 J
Name: _	115 North Calhoun Street, Suite 4			 .
fice Address: _	Tallahassee, Florida	, Florida	32301	E310: 12
_	(City)		(Zip code)	
signated in this apport of the agree to comp of I am familiar wi	s acceptance: as registered agent and to accept service plication, I hereby accept the appointme ply with the provisions of all statutes rela th and accept the obligations of my posit Lionica Riguid	nt as registere utive to the pro	d agent and agree oper and complete	to act in this capac
ŭ	U	Assistant S	Secretary	
		113313(411)	secretary	

^{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.

DocuSign Envelope ID: AD#7E17C-EBF6-4B3D-95D3-C60863965586 A. DIRECTORS

☐ Chairman	Name:Liesl Eichholz	□Chairman Name: _	Juan Solares			
□Vice Chairman	Address:	□Vice Chairman Address	1417 NW 54th Street			
Director	Seattle, WA 98107	■ Director	Seattle, WA 98107			
□President						
	-	_				
■ Secretary CE	□Treasurer EO	☐ Secretary	☐ Treasurer			
■Other	Other	□Other	□Other			
	Simon Roberts					
□ Chairman	Name:1417 NW 54th Street					
□ Vice Chairman	Address:Seattle, WA 98107		::			
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	;; <u> </u>			
□Director	· · · · · · · · · · · · · · · · · · ·	□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	Other			
	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs					
12	Signature of Director	DocuSigned by:				
	Signature of Director	r or Officer Juan Solari				
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.						
13	13. Juan Solares, President					
(Typed or printed name and capacity of person signing application)						

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ESSENTIAL CONTRIBUTIONS, LTD." 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 JUNE, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESSENTIAL CONTRIBUTIONS, LTD." WAS INCORPORATED ON THE FOURTEENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 203679044

Date: 06-11-24