# F24000005385

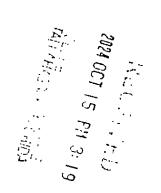
(Requ	iestor's Name)	
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# **CT CORP**

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10/15/2024

Date:

	Acc#I20160000072	
Name:	Ecoglo Inc.	
Document #:		
Order #:	15908847	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:	
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 78.75	

Thank you!

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ECOGLO INC.	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	iding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
George Kozman	
Name of	Person
ECOGLO INC.	
Firm/Con	npany
Addr	ess
•	nd Zip code
georgek@engplastics.com	
	for future annual report notification)
For further information concerning this matter, please of	all:
orge Kozman at (800 ) 6822525	
Name of Person Area Cod	
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
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT    \$70.00 Filing Fee	OF STATE  3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

New York	able in Florida, enter alternate corporate nam		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	applicable)
07/29/2010			
(Date	of incorporation) 5	(Date of duration, if other	r than perpetual)
·			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration)	ility)
241 Main Street S	Ste 100, Buffalo NY 14203	,	• •
	(Principal of	fice street address)	
			<u></u>
	(Current mail	ng address, if different)	)2110
Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	C T Corporation System		ਲ
	1200 South Pine Island Road		Ξ
ffice Address:			<u> </u>
	Plantation	FL 33324	2
	(City)	(Zip code)	
	nt's acceptance:	to a contract of the state of t	
signated in this	ed as registered agent and to accept serv application, I hereby accept the appoint	ment as registered agent and agi	ree to act in this capacity
rther agree to co	omply with the provisions of all statutes with and accept the obligations of my pe	relative to the proper and comple	ete performance of my di
··· · · · · · · · · · · · · · · · · ·		smon us registeren ugem.	
	C T Corporation System (WIMH	Christine Kelm Assistant Secretary	
	C1000000		

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

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.

A. DIRECTORS			
□Chairman	Name: Ken Szekely	Chairman	Name: Trevor Dimond
□ Vice Chairman	Address: 241 Main Street Ste 100	□Vice Chairman	Address: 77 Kingsley St, Sydenham 8023
⊠Director	Buffalo NY 14203	☑Director	Christchurch , New Zealand
☑ President		□President	
□Vice President		☑ Vice President	
☐ Secretary	₩ Treasurer	⊠ Secretary	☐ Treasurer
Other	Other	Other	Other
□Chairm <b>a</b> n	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
Important Notice: Usindividuals may be	lse an attachment to report more than six (6). The atta added to the index when filing your Forida Department	chment will be imaged	f for reporting purposes only. Non-indexed port form.
12.	Signature of Director o	or Officer	
she is aware that fall s.817.155, F.S.	or signing this document (and who is listed in numbe se information submitted in a document to the Depart	r 11 above) affirms tha	at the facts stated herein are true and that he or es a third degree felony as provided for in
13. George Kozma			
	(Typed or printed name and capacity of person	on signing application)	

#### STATE OF NEW YORK

### DEPARTMENT OF STATE

### Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ECOGLO INC.

**DOS 1D Number:** 3978907

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 07/29/2010

Statement Status: CURRENT Statement Due Date: 07/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 15, 2024 at 12:40 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Hughan

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006762470 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>