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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Special Instructions to Filing Officer.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 DEC 26 AM 9 39

2008 DEC 23 AM 11:14



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 12/24/24
Order #: 1728974-1
Re: ENSAVE, INC.
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the routing information.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EnSave, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Craig Metz, CEO

Name of Person

EnSave, Inc.

Firm/Company

65 Millet Street, Suite 105

Address

Richmond, VT 05477

City/State and Zip code

craigm@ensave.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Metz

at (802) 578-8807

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT 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 &
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.*

1. EnSave, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Vermont. 3. 03-0358926
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 30, 1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. December 17, 2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 65 Millet Street, Suite 105, Richmond, VT 05477
(Principal office street address)

65 Millet Street, Suite 105, Richmond, VT 05477
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Charlene Sati Charlene Sati / Secretary
(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.

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

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DIVISION OF CORPORATIONS
24 DEC 26 AM 9:39

A. DIRECTORS

☐ Chairman Name: Craig Metz
☐ Vice Chairman Address: 65 Millet Street, Suite 105
☐ Director Richmond, VT 05477
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Craig Metz
☐ Vice Chairman Address: 65 Millet Street, Suite 105
☒ Director Richmond, VT 05477
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul Jansen
☐ Vice Chairman Address: 65 Millet Street, Suite 105
☐ Director Richmond, VT 05477
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Craig Metz _____
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 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. Craig Metz, CEO _____
(Typed or printed name and capacity of person signing application)



STATE OF VERMONT
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

I, SARAH COPELAND HANZAS, the Secretary of State of the state of Vermont, hereby certify under 11A V.S.A. § 1.28 that on this day, the records of the Office of the Secretary of State show that:

ENSAVE, INC.
a Vermont domestic business corporation

IS DULY INCORPORATED under the law of the state of Vermont; that it was incorporated on the 30th day of September, A.D. 1998; that all fees and penalties owed to the state of Vermont under 11A V.S.A. § 1.22 of this title have been paid; that its most recent annual report required under 11A V.S.A. § 16.22 has been delivered to the Secretary of State; and that articles of dissolution have not been filed for this corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this 17th day of December, A.D. 2024.



Sarah Copeland Hanzas
Secretary of State

Record Number: **118314**
Certificate Number: **C2024CT0001172**

Certificate may be verified online at:
<https://www.vtsosonline.com/online/Certificate>