on of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)B66-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

11111

#### Foreign Limited Liability Company ECaTs Nevada LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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#### COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	ECaTs Nevada LLC					
	N	amo of Limite	ed Linbility Company			-
The enclosed ". Existence, and	Application by Foreign Limited L check are submitted to register the	lability Com above refer	pany for Authoriza enced foreign limit	tion to Trar ed liability	nsact Business in Florida, company to transact bus	" Certificate of ness in Florida
Please return al	I correspondence concerning this	matter to the	following:			
		Tan	nara Al-Fokaiki		`	
Name of Person						
	InCorp Services, Inc.					
Firm/Company						•
	2360 Corporate Circle · Suite 400					
			Address			
	Henderson, NV 89074					
City/State and Zip Code						
	documents@incorp.com					
	E-mail addre	ss: (to be used	for future annual rep	ort notificat	lan)	=
For further info	rmation concerning this matter, pl	case call;				
	Tamara Al-Fokaiki		800 at (	246-26	377	
	Name of Contact Person		Area Code	Dayti	ime Telephone Number	•
Divisio Registr P.O. Bo	ING ADDRESS: in of Corporations ation Section ox 6327 assee, FL 32314	Division Registra Clifton I 2661 Ex	T ADDRESS: a of Corporations ation Section Building secutive Center Circuste, FL 32301	ole ·		
	check for the following amo 5.00 Filing Pee \$130,00 Fili Certificate of	ng Fee &	S155.00 Filing Certified Copy	•	□ \$160.00 Filing Fee, C of Status & Certified	

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July 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORP SERVICES INC

SUBJECT: ECATS NEVADA LLC

REF: W14000041744

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000160432 Letter Number: 214A00014579

RECEIVED
14 JUL -8 AMII: 18
AUCHERSE GESTATE

P.O BOX 6327 - Tallahassee, Florida 32314

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 ECaTs Nevada LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate a Liability Company," "L.L.C," or "LLC.")	name must include "Limited
2. Nevada 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if application on pany is organized)	cable)
Upon Registration	7 - Z
(Date first transacted business in Florida, Il prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty hability)	AHA T
5	SEE OF F
(Street Address of Pringipal Office)	्याः <u>जि</u> र्द
6. 2360 Corporate Circle, Suite 400 Henderson, NV 89074	STA :
2360 Corporate Circle, Suite 400 Henderson, NV 89074	÷5 DA
(Malling Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to n John Sercu Manager 2360 Corporate Circle, Suite 400 Henderson NV	89074
8. Attached is an original certificate of existence, no more than 90 days old, duly author having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)  Signature of an authorized person in accordance with section 605.0203, F.S., the occurrent of this document constitutes an affirmation under the penalties of perjurant arm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided.	photocopy is not  or oath of the translator   y that the facts stated herein are true. 1
Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of ECaTs Nevada	of the Limited Liability Company is:			
If unavailable, t	the alternate to be used in the state of Florida is:			
2. The name an	and the Florida street address of the registered agent and office are:			
	inCorp Services, Inc.			
	(Name)			
	17888 67th Court North			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Loxahatchee 33470 FL			
	City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Tamara Al-Fokalki on behalf of incorp Services, Inc. (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ECATS NEVADA LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 22, 2013, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20140702-0383
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 2, 2014.

ROSS MILLER Secretary of State

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