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(Re	questor's Name)	· -
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COVER LETTER

TO:	Registration Section Division of Corporation	18		\		
SUBJI	ECI Capital, LLC					
.,,,,,,,,		Name of	Limited Liability	Company		
		eign Limited Liability Comp d to register the above refer				
Please	return all correspondence e	concerning this matter to the	following:			
	Benjamin Enge	1				
		N	ame of Person			
	ECI Group					
		Fi	irm/Company		2019	
	2100 Powers Fo	erry Rd			I9 APR –	
			Address			
	Atlanta, GA 30,	339			PH 1: 10 CF SINTE CFLORIDA	
		Chy/S	tate and Zip Cod	e	- 357 - 357 - 10	
	bengel@ecigroup	is.com			ν O	
	 	E-mail address: (to be used	d for future annua	il report notification)		
For fur	ther information concerning	g this matter, please call:				
	Ben Engel		770 at (693-3705		
	Name of	f Contact Person	Area Cod	Daytime Telepho	ne Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporatio Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	
	Enclosed is a check for the Please make check payab	ne following amount: le to: FLORIDA DEPART	TMENT OF STÆ	ATE.		
	S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Sta	€ □ \$ 155.0	0 Filing Fee & 🔲 \$1	60.00 Filing Fee. Status & Certified	

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

IN COMPLIANCE WITH SECTION 605 (MIC, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Nevada	me adopted for the purpose of transacting business in Flori	100 100 -1011111	•	
		05-058\$836	-4	_
(Introduction under the law of whi	ich foreign himited hability company is organized)	3. (FEI must	ber, if applicable? ()	5
4-1-19			PER LESS SE LES CONTRACTOR DE LA CONTRAC	
	(Date first transacted business in Florids, if piter to re thee sections offs 0901 & 603 0905, E.S. to determine	egistration) 12 pendis hability)	[1] -	_
2100 Powers Ferry Rd		2100 Powers Ferry Rd 6. (Mailing Add	CF S:	:
(Street Address at Pr	meipal Office)	(Mading Add	mm - 35 - 1	-
Suite 200		Suite 200	Dri c	-
Atlanta, GA 30339		Atlanta, GA 30339		
-γ	of Florida registered agent: (P.O. Box			
-γ	s of Florida registered agent: (P.O. Box Corporation Service Company			
Name and <u>street address</u>				
Name and street address Name:	Corporation Service Company 1201 Hays Street			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Seth Greenberg Benjamin Engel Name: Manager Address: ____ 2100 Powers Ferry Rd Address: 2100 Powers Ferry Rd Member Member Suite 200 Suite 200 __Authorized Authorized Atlanta, GA 30339 Atlanta, GA 30339 Person Person Other_CFO Other___ Other____ Other_ Manager Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other_ __Other_____ Other_ Manager Name: ____ Manager | Member Address: Member Address: Authorized Authorized Person Person Other____ Other_ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Typed or printed name of signee

Benjamin Engel

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, 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, ECI CAPITAL, 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 July 29, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 12, 2019.

Barbara K. Cegavske

Secretary of State

Electronic Certificate

Certificate Number: C20190312-0419