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Account#: 120000000088

Date:	12/05/2019	
Name:	Marcel Ogbonna-An	<u>u</u>
Reference	ne #: 1160058	
Entity Na	me: <b>E</b> (	W INVESTCO, LLC
	rticles of Incorporation/Author	zation to Transact Business
	mendment hange of Agent	
_	einstatement onversion	
	erger ssolution/Withdrawal	2019 D->
	ctitious Name	di i
	therstate.com	
Signature	11 11	)` ————

F: +852.2682.9790

## COVER LETTER

TO:

то:	Registration Section Division of Corporations	
SUBJI	ECW Investco, LLC	
20131	Name of Limited Liability Company	<del></del>
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Ince, and check are submitted to register the above referenced foreign limited liability company to trans	
Please	return all correspondence concerning this matter to the following:	•
	Edward Welke	1
	Name of Person	
	c/o Allerand Capital, LLC	
	Firm/Company	· ·
	675 W Indiantown Rd	:
	Address	
	Jupiter, FL 33458	
	City/State and Zip Code	
	wwelke@allerand.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	2019
	Edward Welke at 561 427-6666	
	Name of Contact Person Area Code Daytime Telephone No	umber
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircTallahassee, FL 32301	5 7 10: 06
		 0 Filing Fee, Certificate is & Certified Copy

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

	ECW Invest	co, LLC	I
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.I., C.," or "LI	LC.")
_	name adopted for the purpose of transacting business in Flori		
	Pelaware Phich foreign limited liability company is arganized)	J	303091
accion mater the new or w		, (FEI	I mimber, if applicable)
			; 1
	Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) c penalty liability)	<u> </u>
12375 F	Ridge Road	<sub>6</sub> 12375 R	Ridge Road
(Street Address of	Principal Office)	(Mailing	g Address)
rth Palm E	Beach, FL 33408	North Palm B	each, FL 33408
rth Palm E	Beach, FL 33408	North Palm B	each, FL 33408
	·		each, FL 33408
	Seach, FL 33408  ss of Florida registered agent: (P.O. Box		each, F <sup>'</sup> L 33408
	·		each, FL 33408
	·	NOT acceptable)	each, FL 33408
e and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  COGENCY GLOBA	NOT acceptable)	each, F <sup>'</sup> L 33408
and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	each, FL 33408
e and <u>street addre</u>	ss of Florida registered agent: (P.O. Box  COGENCY GLOBA  115 North Calhoun St.	NOT acceptable)	;

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Edward Welke Manager Name: Manager Name: \_\_\_\_ 12375 Ridge Road Address: Member Member Address: \_\_\_\_\_ North Palm Beach, FL 33408 Authorized Authorized Person Person President ×1Other Other Other Other\_ Name: \_\_\_\_\_ Name: Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other\_ Other\_ Other\_ Other\_\_\_\_ Manager Manager Name: \_\_\_\_\_ Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person 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 s.817.155, F.S. Signature of an authorized person Elward C. 4k/ke Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ECW INVESTCO, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECW INVESTCO, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2005.

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

2019 6.10 - 5 - 711 10: 0 6



Authentication: 204142215

Date: 12-05-19

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SR# 20198449833