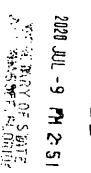
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Filed 7-9-20 after conversion
Mastundind Chang Siles. Office Use Only



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M Solomor

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ECEN, INC.				
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	ertificate of Good Stan	ding" and check are sub		
Please return all correspondence	concerning this matter	to the following:		
N. Noelle Francis				
	Name of	Person	•	
N. NOELLE FRANCIS ATTORNE	Y-AT-LAW			5 2 2
_	Firm/Com	pany		
1300 Clay Street, Suite 600				
	Addre	ess		1020 JUL -9 M
Oakland, CA 94612				ို့်မှု 😘
noelle@nfrancislaw.com	City/State ar	nd Zip code		
E-mail	address: (to be used f	or future annual report n	otification)	<u> </u>
For further information concerning	ig this matter, please c	all:		
N. Noelle Francis	at () 922-8773 Daytime Telepl		
Name of Person	Area Code	Daytime Telepl	none Number	_
STREET/COURIER AS Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
	RIDA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	□ \$87.50 Fili Certificate Certified C	of Status &

ILED

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.

	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business	in Florida)	
DELAWARE 3.		85-1619909		
(State or country under the law of which it is incorporated) JANUARY 23, 2020		(FEI number, if applicable)		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	·		,	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
6701 SUNSET D	RIVE, SUITE #114, S. MIAMI, FL 33143			
	(Principal office	street address)		
	(Current mailing a	address, if different)		
	(,	12	2020
	at address of Florida registered essents (D.O. I	30x NOT acceptable)	温器	الح
Name and stree	et address of Florida registered agent: (P.O. I		- 1014	r—
Name and stree	RICHARD ROBINSON		(1) E	1
Name:		<u></u>	STATE OF	9 -9
Name:	RICHARD ROBINSON	 	ARY OF SEM ASSET JE DE	-9 PM 2:
	RICHARD ROBINSON 6701 SUNSET DRIVE, SUITE #114	, Florida 33143	ARY OF SEVE	

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.

A. DIRECTORS							
□Chairman	Name: ANDRE FOOTE	□Chairman	Name: RICHARD ROBINSON				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	SUITE #114	Director	SUITE #114				
President	S. MIAMI, FL 33143	□President	S. MIAMI, FL 33143				
□ Vice President		□Vice President					
Secretary	■ Treasurer	☐ Secretary	□Treasurer				
CEO	Other	■Other	Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President	2020				
□Secretary	□Treasurer	Secretary	□Treasurer				
□Other	Other	□Other	□Other 4 0				
			A S				
□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: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals maybe added to the index when fling your Florida Department of State Annual Report form. 12. 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

RICHARD ROBINSON, CHIEF TECHNOLOGY OFFICER

s.817.155, F.S.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ECEN, INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2020.



Authentication: 203152864

Date: 06-22-20