## M2200015598

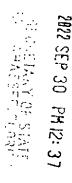
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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OCT 11 2022

M. SOLOMON

## COVER LETTER

Registration Section

TO:

F:				
closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	" Certifi iness in		
return all correspondence concerning this matter	to the following:			
JOSH OUDEH				
	Name of Person	-		
ECCO GROUP USA LLC				
	Firm/Company	-		
1809 NW 142nd Ter				
	Address	=		
Pembroke Pines FL 33028-2858		;;;		
	City/State and Zip Code	- 3 4 gm		
JOSH@ECCOGROUPUSA.COM		53		
E-mail address: (to b	oe used for future annual report notification)	7.5		
her information concerning this matter, please ca	all:	), ( ) ; (		
JOSH OUDEH	740 464-5359 at ( )	3 <u>4</u>		
Name of Contact Person	Area Code Daytime Telephone Number	-		
Mailing Address:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:	Tattalassee, TE 32303			

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

IN COMPLANCE 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: I. ECCO GROUP USA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") ECCO GRP USA LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") DE 84-4226728 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 01/01/2022 (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 400 FAIRWAY DR 400 FAIRWAY DR (Street Address of Principal Office) (Mading Address) STE 101 **STE 101 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Felix Fernandez Name: 1809 NW 142nd Ter Office Address: Pembroke Pines , Florida (City) Registered agent's acceptance: 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 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 properfund complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

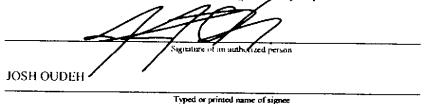
(Registered agent's signature)

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:	
■Manager	Name: George Lonabaugh	■Manager	Name: Felix Fernandez	
<b>■</b> Member	Address: 7341 Bella Foresta PL	■Member	Address:1809 NW 142nd Ter	
<b>■</b> Authorized	Sanford FL 32771-8134	<b>■</b> Authorized	Pembroke Pines FL 33028-2858	
Person	CGO	Person	COO	
□Other	Other	□Other	Other	
■Manager	Name: Randy Bare	■Manager	Name:	
■Member	Address: 4328 THREE BRIDGE RD	≣Member	Address: 3260 Windsor Lake Cir	
<b>≅</b> Authorized	Powhatan VA 23139-4817	Authorized	Sanford FL 32773-5722	
Person		Person		
□Other	Other	□Other		
■Manager	Name: JOSH OUDEH	□Manager	Name: 22 22	
□Member	Address: 2216 WOODLAWN RD	□Member	Address:	
■Authorized	PORTSMOUTH, OH 45662	☐ Authorized	(A) 30 下	
Person	HR MANAGER	Person		
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 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 (glony as provided for in s.817.155, F.S.



## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ECCO GROUP USA 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 TWELFTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECCO GROUP USA LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2020.

Authentication: 204365640

Date: 09-12-22