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(Re	equestor's Name)	
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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

S. A.

SUBJECT: EcoGreen Techs Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM: Patrick Domingues	(Printed or typed)	-	
65 Boston In	ddress	₩	2011 JUL - 7
Palm Coast FL 32137	State & Zip	70 C	
386-627-4104  Daytime Te	elephone number		PM 2: 30
contact@ecogreentechs.	COM	notification)	

NOTE: Please provide the original and one copy of the articles.

7<sup>8</sup>,

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE		
111111111111111111111111111111111111111	Principal street address	Mailing	address, if different is:
65	Boston In	_	
P	alm Coast FL 32137		
_			
ARTICLE III F	PURPOSE		
	ich the corporation is organized is:		
Any and all lav			
ARTICLE IV S	SHARES s of stock is: ]		
	INITIAL OFFICERS AND/OR DIRES	CTODG	
	le:Patrick Domingues		aria Pinto Barbosa
Address:	65 Boston In	Address: 65 Bo	ston In
1100,055.	Palm Coast FL, 32137	Palm	Coast FL, 32137
	Chief Executive Officer	Secre	tary
	Chief Executive Officer		uary
Name and Tit	le:	Name and Title:	
Address:			
			-
			· · · · · · · · · · · · · · · · · · ·
Name and Tit	le:	Name and Title:	
Address:			
			_
		<del></del>	<del></del>
· · · · · · · · · · · · · · · · · · ·	REGISTERED AGENT		ıı 2
	ida street address (P.O. Box NOT accepta		<b>*</b> : =
Name:	Patrick Domingues	····	
Address:	65 Boston In		
	Palm Coast FL, 32137	<del></del>	
ADDICE S COT			W. To
	INCORPORATOR		
	ress of the Incorporator is:		्र <sup>भू</sup> 🚅 📑
Name:	Patrick Domingues		error of the second of the sec
Address:	65 Boston In		* · · · ·
	Palm Coast FL, 32137		કેં લ્લ
	l as registered agent to accept service of p		poration at the place designated in
this certificate, I am	familiar with and accept the appointment	as registered agent and agree to	act in this capacity
for on h	smrgre (		7/2/2011
	Required Signature/Registered Ager	nt	Date
7			
I submit this docum		in are true. I am aware that th	e false information submitted in a
	nent and affirm that the facts stated here partment of State constitutes a third degree		
	nent and affirm that the facts stated here		
	nent and affirm that the facts stated here		