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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MA!L		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRULARY OF STATE
SECRULARY OF STATE



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ECOF, Inc.	
	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this mat	tter to the following:
Rob Johnson	·
(Name	e of Person)
ECOF, Inc.	
(Firm/	Company)
7435 6mile Road	
	ddress)
East Leroy, Michigan 49015-7	742
(City/Sta	te and Zip code)
For further information concerning this matter, pleas	e call:
Rob Johnson at (21	6 , 220-0518
(Name of Person) (Are	ea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	•
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

·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.

1.	ECOF, Inc.	,
	(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
	•	
	(If name unavailable in Florida, enter alternate corporate name	adonted for the purpose of transacting business in Florida)
2.		34-0201270
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4	July 25, 1994 _{5.}	Perpetual
••	(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
	`	
7.	7936 Tiger Lily Drive, Naples, Flo	
		<i>'</i>
	7435 6mile Road, East Leroy, Mic	
	(Carrent manning add	
8.	Executive management / Real Es	state Management
	(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P.C). Box NOT acceptable)
	Name: Rob Johnson	
Oi	ffice Address: 7936 Tiger Lily Drive	ASSE T
	Naples	
	(City)	(Zip code)
		DM 13

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. 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.

Chairman: Rob Johnson
Address: 7936 Tiger Lily Drive Naples, Florida 34113
Mapies, Florida 34113
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Rob Johnson
Address: 7936 Tiger Lily Drive
Naples, Florida 34113
Vice President: Joan Johnson
Address: 7936 Tiger Lily Drive
Naples, Florida 34113
Secretary:
Address:
Treasurer:
Address:
· ·
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. All fram. (Signature of Director or Officer listed in number 12 of the application)
14. Rob Johnson, Prespont (Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ECOF, INC., an Ohio corporation, Charter No. 877729, having its principal location in Cleveland, County of Cuyahoga, was incorporated on July 25, 1994 and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of August, A.D. 2008

Ohio Secretary of State

Validation Number: V2008240A5BC12