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DATE:

02/06/2025

NAME:

ECONEST, INC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Division of C						
SUBJECT: EcoNe	st, Inc.					
50D0Ee1:	Name o	of corporation	n - must	include suffix		
Dear Sir or Madam:						
The enclosed "Applie" Certificate of Existe above referenced for	nce," or "Certificate	of Good Star	iding" ar	nd check are sub		
Please return all corre	espondence concerni	ng this matte	r to the f	ollowing:		
David Goldstein						
		Name of	Person			
EcoNest, Inc.						
		Firm/Con	npany			
20715 N Pima Road, S	te F108					
		Addr	ess			
Scottsdale, AZ 85255						
		City/State a	and Zip c	ode		
david.goldstein@finav						
-	E-mail address	: (to be used	for futur	e annual report	notific	cation)
For further information	on concerning this m	atter, please	call:			
David Goldstein	207	(207) 319-9883				
Name of Per	rson	Area Coo	<i>)</i> le	Daytime Telep	hone	Number
Registration : Division of C The Centre o	Corporations f Tallahassee iroe Street, Suite 810			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Sectio orpor 7	n ations
Enclosed is a check filease make check pays \$70.00 Filing Fee		EPARTMENT g Fee & [378.75 3	ATE Filing Fee & lied Copy		\$87.50 Filing Fee, Certificate of Status & 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.

-		orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"			
	"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")				
	(If name unavaila	ble in Florida, enter alternate corporate name ac	lopted for the purpose of transacting business in F	lorida)		
Delaware 2.		3	3. 99-3743687 (FEI number, if applicable)			
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		•	
4.	7 June 2024	5.				
	(Date	of incorporation)	(Date of duration, if other than perpetual)			
6.	Have not transac	ted as of today				
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)	•		
7.	20715 N Pima Ro	ad, Ste F108, Scottsdale, AZ 85255				
	· · · · · · · · · · · · · · · · · · ·	(Principal office	e <u>street</u> address)			
				25	SS	
		(Current mailing	address, if different)	(C)	200 200 200 200 200 200 200 200 200 200	
_		the CELLIA COLUMN	N. WOT.	ント	P 22 -	
8.	Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		254E	
	Name:	Paracorp Incorporated		五 る) S. (.	
O	ffice Address:	155 Office Plaza Drive, 1st Floor		H 10: 4.1	1101 1101 1101	
					77	
		Tallahassee (Citv)	, Florida <u>32301</u> (Zip code)			
		(City)	(Zip code)			
		nt's acceptance:			,	
			e of process for the above stated corporation in ent as registered agent and agree to act in thi			
fu	rther agree to co	omply with the provisions of all statutes rei	lative to the proper and complete performanc			
an	id I am familiar	with and accept the obligations of my posi	tion as registered agent.			
		SEE ATTACH	iFD			
		(Registered agent's sig	nature)			

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.

Docusign Envelope ID: 0233A1DE-7A1A-42A5-A6D3-1002A8FAF4F7

A. DIRECTORS Rachid Sefrioui □Chairman □ Chairman Name: 20715 N Pima Road, Ste F108 Address: ☐ Vice Chairman ☐ Vice Chairman Address: Scottsdale, AZ 85255 Director □ Director President □ President □ Vice President ___ □Vice President ☐ Secretary □Treasurer ☐ Secretary □Treasurer □ Other _____ □Other _____ □Other _____ □ Other _____ Name: _____ □ Chairman □ Chairman Name: 20715 N Pima Road, Ste F108 □Vice Chairman Address: □Vice Chairman Address: _____ Scottsdale, AZ 85255 □ Director □ Director □ President □ President □Vice President ☐ Vice President **■** Secretary Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other _____ Other □Other _____ Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: Director □ Director ☐ President □President □ Vice President ___ □Vice President □ Secretary Treasurer □ Secretary □ Treasurer □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. Varid Goldstein -211957209120425 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 s.817.155, F.S.

... David Goldstein, Secretary

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 02/05/2025

ENTITY NAME: ECONEST, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

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Delaware The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ECONEST, 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 FIFTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECONEST, INC."

WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 2024.

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

Charuni P. Sanchez, Secretary of State

C. G. Sanchey

Authentication: 202864118

Date: 02-05-25