



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E8174282020-2
Secretary of State State Of Nevada	Filing Number 20200817427
	Filed On 07/29/2020 16:06:39 PM
	Number of Pages 4

Formation - Profit Corporation

- NRS 78 - Articles of Incorporation Profit Corporation NRS 80 - Foreign Corporation NRS 89 - Articles of Incorporation Professional Corporation

78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)	ECO ALLIES INC.
2. Registered Agent for Service of Process: (Check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> THE CORPORATE PLACE, INC. </div> Name of Registered Agent OR Title of Office or Position with Entity 601 E CHARLESTON BLVD STE 100 LAS VEGAS Nevada 89104 Street Address City State Zip Code _____ Mailing Address (If different from street address) City Nevada Zip Code
2a. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X The Corporate Place, Inc. 07/29/2020 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)	This corporation is a close corporation operating with a board of directors <input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No
4. Names and Addresses of the Board of Directors/ Trustees or Stockholders (NRS 78: Board of Directors/ Trustees is required. NRS 78a: Required if the Close Corporation is governed by a board of directors. NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)	1) Michael Hippert Name 601 E Charleston Blvd Ste 100 Las Vegas NV 89104 Address City State Zip Code 2) Glenn Kirk Name 601 E Charleston Blvd Ste 100 Las Vegas NV 89104 Address City State Zip Code 3) Steven Williams Name 601 E Charleston Blvd Ste 100 Las Vegas NV 89104 Address City State Zip Code 4) James Gaspard Name 601 E Charleston Blvd Ste 100 Las Vegas NV 89104 Address City State Zip Code 5) Max McDade Name 601 E Charleston Blvd Ste 100 Las Vegas NV 89104 Address City State Zip Code

6) Jack Honour			
Name			
601 E Charleston Blvd Ste 100	Las Vegas	NV	89104
Address	City	State	Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation.



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**Formation -
 profit Corporation**
 Continued, Page 2

6. Benefit Corporation: <small>(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)</small>	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field. <div style="text-align: right;"> Yes <input type="checkbox"/> </div>												
7. Purpose/Profession to be practiced: <small>(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)</small>	<p style="text-align: center;">CLIMATE DECARBONIZATION INDUSTRY</p>												
8. Authorized Shares: <small>(Number of shares corporation is authorized to issue)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Number of common shares with Par value:</td> <td style="width: 20%; border: 1px solid black; text-align: center;">50000000.0</td> <td style="width: 10%;">Par value: \$</td> <td style="width: 15%; border: 1px solid black; text-align: center;">.001</td> </tr> <tr> <td>Number of preferred shares with Par value:</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>Par value: \$</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Number of shares with no par value:</td> <td style="border: 1px solid black; text-align: center;">0</td> <td colspan="2"></td> </tr> </table> <p style="font-size: small;">If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.</p>	Number of common shares with Par value:	50000000.0	Par value: \$.001	Number of preferred shares with Par value:	0	Par value: \$	0	Number of shares with no par value:	0		
Number of common shares with Par value:	50000000.0	Par value: \$.001										
Number of preferred shares with Par value:	0	Par value: \$	0										
Number of shares with no par value:	0												
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.	<p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: 1px solid black; padding: 2px;">Steven Williams</td> <td style="width: 40%; border: 1px solid black; padding: 2px;">United States</td> </tr> <tr> <td style="font-size: small;">Name</td> <td style="font-size: small;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">601 E Charleston Blvd Ste 100</td> <td style="border: 1px solid black; padding: 2px;">Las Vegas</td> <td style="border: 1px solid black; padding: 2px; width: 10%;">NV</td> <td style="border: 1px solid black; padding: 2px; width: 10%;">89104</td> </tr> <tr> <td style="font-size: small;">Address</td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Zip/Postal Code</td> </tr> </table> <p>X <u>Steven Williams</u> (attach additional page if necessary)</p>	Steven Williams	United States	Name	Country	601 E Charleston Blvd Ste 100	Las Vegas	NV	89104	Address	City	State	Zip/Postal Code
Steven Williams	United States												
Name	Country												
601 E Charleston Blvd Ste 100	Las Vegas	NV	89104										
Address	City	State	Zip/Postal Code										

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
 (attach additional page(s) if necessary)



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Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of represented entity: ECO ALLIES INC. <hr/> Entity or Nevada Business Identification Number (NVID): (for entities currently on file)
2. Registered Agent Acceptance:	<input checked="" type="checkbox"/> Registered Agent Acceptance
3. Information Being Changed:	Statement of Change takes the following effect: (select only one) <input checked="" type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)	Name of Registered Agent OR Title of Office or Position with Entity <hr/> Street Address _____ City _____ Nevada _____ Zip Code _____ Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____
5. Newly Appointed Registered Agent or Registered Agent Information After the Change:	<input checked="" type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) THE CORPORATE PLACE, INC. Name of Registered Agent OR Title of Office or Position within Entity <hr/> Street Address _____ City _____ Nevada _____ Zip Code _____ Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____
6. Electronic Notification: (Optional)	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <hr/>
7. Certificate of Acceptance of Appointment of Registered Agent: (Required)	<p style="text-align: center;"><i>I hereby accept appointment as Registered Agent for the above named Entity.</i></p> <p>X <i>Deby Bjornson</i> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 7/29/2020 Date</p>
8. Signature of Represented Entity: (Required)	<p>X _____ Authorized Signature On Behalf of the Entity Date</p>

FEE: \$60.00

This form must be accompanied by appropriate fees.