P13000004241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION SERVICE COMPANY®

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ACCOUNT NO. : I20000000195

REFERENCE : 493143 4363870

AUTHORIZATION :

COST LIMIT : $ 78.75

ORDER DATE : January 11, 2013

ORDER TIME : 1:04 PM

ORDER NO. : 493143-005

CUSTOMER NO: 4363870

DOMESTIC FILING

NAME: SR ECKERT, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: SR ECKERT, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☒ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: BARBARA J. DONATI
Name (Printed or typed)

330 North Wabash Avenue, 21st Floor, Chicago
Address

Chicago, Illinois 60611-3607
City, State & Zip

312-840-7071
Daytime Telephone number

bdonati@burkelaw.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: SR ECKERT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

330 North Wabash Avenue, 21st Floor,
Chicago, IL 60611-3607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(i) to provide education monographs and continuing education classes to healthcare professionals; (ii) to consult with organizations to design, market and offer educational programming; (iii) to consult with organizations regarding educational design, course objectives, content, teaching and evaluation methods and speakers; (iv) to provide administrative, planning, compliance and other similar services to organizations and facilities that provide continuing education courses; and (v) to do and conduct any and all lawful business or activity, permitted in Florida, and related to the foregoing.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common, no par value share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA J. DONATI
Address: 330 North Wabash Avenue, 21st Floor,
Chicago, IL 60611-3607

Having been named as registered agent to accept service of process for the above stated corporation 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

Corporation Service Company

By: _____ 1/11/13
Required Signature/Registered Agent — Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

_____ January 10, 2013
Required Signature/Incorporator — Date