

PO1000005182

Transmittal Letter

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

400003534124--3
-01/12/01--01011--006
*****78.75 *****78.75

RE: ECNR Ft. Myers, Inc.

Dear Dept. of State,

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$78.75 for the filing fee.

Sincerely,



Federico Jimenez
ECNR Ft. Myers, Inc.
15660 San Carlos Blvd. #32
Ft. Myers, FL 33908
941-466-6200

FILED
01 JAN 11 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Feb
1/12

(2)

Articles of Incorporation

The undersigned incorporator, for purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Article 1 – Name

The name of the corporation shall be:

ECNR Ft. Myers, Inc.

Article II – Principal Office

The principal place of business and the mailing address of this corporation shall be:

15660 San Carlos Blvd. #32
Ft. Myers, FL 33908

Article III – Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

Article IV – Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is:

Federico Jimenez, 15660 San Carlos Blvd. #32, Ft. Myers, FL 33908

Article V – Incorporator

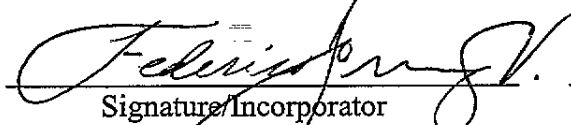
The name and address of the incorporator to these articles of Incorporation is:

Federico Jimenez, 15660 San Carlos Blvd. #32, Ft. Myers, FL 33908


Article VI – Effective Date

The date requested for the acceptance of these Articles of Incorporation is:

As soon as the articles are accepted by the State of Florida.

 _____
Signature/Incorporator Date 1/10/01

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

 _____
Signature/Registered Agent Date 1/10/01

FILED
01 JAN 11 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA