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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 16 AM 10:05

4-1A

TRANSMITTAL LETTER

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

SUBJECT: ECKMAN CONSULTING SERVICES 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: SHALON ECKMAN
Name (Printed or typed)

8111 TIMBER LAKE LN
Address

SARASOTA, FL 34243
City, State & Zip

941-355-1308
Daytime Telephone number

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

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:

ECKMAN CONSULTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8111 TIMBER LAKE LN.
SARASOTA, FL 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING & SALES SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

SHARON ECKMAN
8111 TIMBER LAKE LN
SARASOTA, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON ECKMAN
8111 TIMBER LAKE LN
SARASOTA, FL 34243

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

Sharon Eckman
Signature/Registered Agent

4/14/03
Date

Sharon Eckman
Signature/Incorporator

4/14/03
Date

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DIVISION OF CORPORATIONS
03 APR 19 AM 10:05