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TRANSMITTAL LETTER

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

SUBJECT:	Echo Alliance, In (PROPOSED CORPO	ic . RATE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an origi	inal and one (1) copy of the	articles of incorporation and	a check for:	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Cynthia M Sulli Na	van me (Printed or typed)	·	to to garage
.	1042 Buttercup	Orive Address		
. –		3801 lity, State & Zip		<u>.</u>
	386-479-1080 Daytin	ne Telephone number		

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

Articles of Incorporation

Article I:	The name of the corporation shall b	e Echo Alliance, Inc.
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Echo Alliance, ...

The name of the corporation shall be Echo Alliance, Inc.

The principal place of business and mailing address for the corporation is:

1042 Buttercup Drive
1042 Buttercup Drive
1043 Buttercup Drive Article II:

Article III:

sonography in the medical field.

The number of shares of stock is: Article IV:

1,000 shares of \$1 par common stock

Article V: The initial Officers/Directors is:

> Cynthia Sullivan-CEO/President 1042 Buttercup Drive Lakeland, FL 33801

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

> Cynthia Sullivan 1042 Buttercup Drive Lakeland, FL 33801

Article VII: The name and address of the Incorporator is:

Cynthia Sullivan 1042 Buttercup Drive Lakeland, FL 33801

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.

Signature/Registered Agent

gnature/Incorporator