

P10000084647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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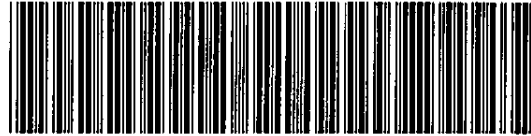
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers OCT 18 2010

W10-46976

COVER LETTER

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

SUBJECT: ECB Enterprise, 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: Cynthia A. Skolnick

Name (Printed or typed)

600 NW Whitfield Way

Address

Port Saint Lucie, FL 34986

City, State & Zip

772-621-6027

Daytime Telephone number

cyn@a1-re.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME ECB Enterprises, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
600 NW Whitfield Way
Port Saint Lucie, FL 34986

Mailing address, if different is:
PO Box 880455
Port Saint Lucie, FL 34988

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Services and Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>Cynthia A. Skolnick, Pres/Trea/Sec</u> | Name and Title: _____ |
| Address: <u>600 NW Whitfield Way</u> | Address: _____ |
| <u>Port Saint Lucie, FL 34986</u> | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| 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:

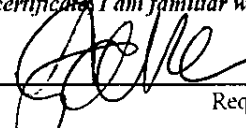
Name: Cynthia A. Skolnick
Address: 600 W Whitfield Way
Port Saint Lucie, FL 34986

ARTICLE VII INCORPORATOR

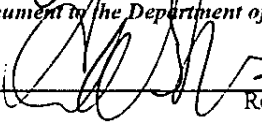
The name and address of the Incorporator is:

Name: Cynthia A. Skolnick
Address: 600 W Whitfield Way
Port Saint Lucie, FL 34986

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

| | |
|---|----------------------------------|
|  _____ Required Signature/Registered Agent | <u>10/10/10</u> _____ 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.

| | |
|---|----------------------------------|
|  _____ Required Signature/Incorporator | <u>10/10/10</u> _____ Date |
|---|----------------------------------|

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