

710000096409

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

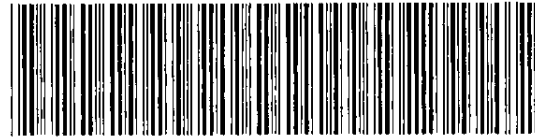
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 30 2010

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ECHELON MAX TECHNOLOGY,  
(Corporation Name) (Document #)

2. INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

### NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION  
OF  
ECHELON MAX TECHNOLOGY, INC.

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF  
FORMING A CORPORATION UNDER THE FLORIDA GENERAL  
CORPORATION ACT, HEREBY ADOPT (S) THE FOLLOWING ARTICLES  
OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:  
ECHELON MAX TECHNOLOGY, INC. \_\_\_\_\_  
THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL  
\_\_\_\_\_ 13205 SW 1rd TERRACE , MIAMI, FL \_33184\_\_\_\_\_

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL  
LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF  
THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE,  
COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE  
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING  
AT ANY ONE TIME IS: 500 all of which shall be common shares (1.00 PER  
VALUE EACH.)

Gloria Castillo Associates Inc  
5610 SW 93<sup>rd</sup> Ave.  
Miami, Fl. 33173

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE IV -TERM OF EXISTENCE

TERM OF EXISTENCE OF THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V- OFFICER (S) AND DIRECTOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND DIRECTOR (S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION 'S EXISTENCE OR UNTIL THERE SUCCESOR (S) IS (ARE) ELECTED IS (ARE)

YENSY SANTALLA  
PRESIDENT/SECRETARY

2861 SW 145<sup>th</sup> Ave,  
MIAMI, FLORIDA 33184

ARTICLE VI INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

YENSY SANTALLA  
PRESIDENT/SECRETARY

2861 SW 145<sup>th</sup> Ave,  
MIAMI, FLORIDA 33184

-3-

CONTINUATION \_\_ ARTICLE VI-INCORPORATOR (S)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)  
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS FIRST (30) DAY (S) OF NOV., 2009

SIGNATURE (S) OF INCORPORATOR (S)



---

YENSY SANTALLA  
PRESIDENT/SECRETARY

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA

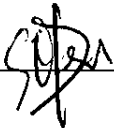
1. -THE NAME OF THE CORPORATION:

ECHELON MAX TECHNOLOGY, INC. \_\_\_\_\_

2. - THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS

YENSY SANTALLA  
13205 SW 1rd TERRACE  
(P.O. BOX NOT ACCEPTABLE)  
\_\_\_\_\_ MIAMI, FLORIDA 33184  
(CITY /STATE /ZIPCODE)

SIGNATURE \_\_\_\_\_



TITLE- PRESIDENT \_\_\_\_\_

DATE \_\_\_\_\_ 11/23/10 \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

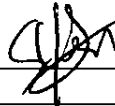
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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DISIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITI AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF MY RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



11/23/10 \_\_\_\_\_