P10000098615

(Requestor's Name)					
(Address)					
	(Addres:	s)			
	(City/Sta	ite/Zip/Phoi	ne #)		
PICK-UF	° [WAIT	MAIL		
	(Busines	ss Entity Na	ame)		
	(Docum	ent Numbe	r)		
Certified Copies		Certificate	es of Status		
Special Instructions to Filing Officer:					





000187486810

11/09/10--01010--024 **70.00

SECRETARY OF STATE

10 DEC -3 PM 4: 05

W1.53025

bm 12/6/10

COVER LETTER

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

SUBJECT:	CT:ECO-Care Essentials, Inc.						
	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)				
Enclosed are an or	riginal and one (1) copy of the art	ticles of incorporation an	d a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED				
FROM:	Yennifer Murcia Name (Printed or typed)						
_	5274 White Oleander Address						
	West Palm Beach, FL 33415 City, State & Zip						
	561-827-2797 Daytime Telephone number						
_	ymurcia@eco-careessentials.com E-mail address: (to be used for future annual report notification)						

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



RECEIVED

10 DEC -3 AM 10: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 12, 2010

YENNIFER MURCIA 5274 WHITE OLEANDER WEST PALM BEACH, FL 33415

SUBJECT: ECO-CARE ESSENTIALS, INC.

Ref. Number: W10000053025

We have received your document for ECO-CARE ESSENTIALS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the corporate name in article I.

The registered agent must sign accepting the designation.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 610A00026587

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

ARTICLE I The name of the cor	NAME reporation shall be: Eco-Care Essentia	ls, Inc.		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	M	failing address, if different is:	
_	5274 White Oleander		<u> </u>	
_	W.P.B, Fl 33415			
ARTICLE III	PURPOSE	- '		
The purpose for wl	nich the corporation is organized is: Provide medica	e Eco-Friendly di al and commercia		
ARTICLE IV The number of share				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	Na ami Tamaa CEO	
	tle: Yennifer Murcia President	Name and Title:_	Noemi Torres CEO	
Address:	5274 White Oleander		5274 White Oleander	
			W.P.B, FL 33415	
Name and Ti	tle:	Name and Title:		
Address:		Address:		
			····	
Name and Tit	tle:			
Address:		Address:		
			.स <u>.</u>	
ADTICLE III	DECICTEDED ACENT		0	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent		
Name:	Yennifer Murcia		Y RET	
Address:	5274 White Oleander		ص ع <u>ي</u> ر ح	
			<u> </u>	
A DATAL D IN	W.P.B, FL 33415			
ARTICLE VII	INCORPORATOR		# 2	
Name:	ress of the Incorporator is: Yennifer Murcia		c 크림	
Address:	5274 White Oleander			
71007000	W.P.B. FL 33415		សុធិទី	
** * *	,			
	ed as registered agent to accept service of proc n familiar with/and accept the appointment as r			
	M		11/29/10	
Jul 1	Required Signature/Registered Agent		Date	
/ \ \ \ \ I submit this docum	ment and affirm that the facts stated herein a		that the false information submitted in a	
	epartment of State constitutes a third degree fel			
$\langle I \downarrow V \rangle$	V M/ \~		4/00/0	
Munt	Required Signature/Incorporator		124/10	
111 \ \ L	· · required Signature/Incorporator		/ Days	