

P11000028408

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES INC
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ECARMOVER INC.**

Certificate of Status	0
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Corporate Filing Menu

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11 MAR 22 PM 2:27

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March 22, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: ECARMOVER INC.

REF: W11000016231

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

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return 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) 245-6995.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H11000071729
Letter Number: 711A00006953

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MAR 22 2011

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P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

ARTICLE I NAME ECARMOVER INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
27221 STATE ROAD 56
WESLEY CHAPEL, FL 33544

Mailing address, if different is:
27221 STATE ROAD 56
WESLEY CHAPEL, FL 33544

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN MINGOLELLI
Address: 2420 MYRON ROAD
WESTBURY, NY 11590

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHN MINGOLELLI
Address: 3333 LINTOWER DRIVE
LANDOLAKES, FL 34638

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arac Rivera
Address: 62 White street
New York, NY 10013

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

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

03/22/11
Date