

712000002154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

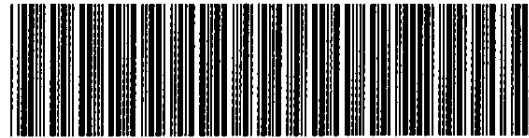
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Erin **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT *Name*
DATE *1-9-11*
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FILED
2012 JAN -6 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 09 2012

COVER LETTER

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

SUBJECT: Echoes 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: Erin Diaz-Faes

Name (Printed or typed)

3082 SW Lake Terrace

Address

Palm City, FL 34990

City, State & Zip

772-214-2234

Daytime Telephone number

ediazfaes@gmail.com

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

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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Echoes and Inspirations Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3082 SW Lake Terrace
Palm City, FL 34990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to offer counseling services and programs

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erin Diaz-Faes

Address: 3082 SW Lake Terrace
Palm City, FL 34990

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: Erin Diaz-Faes

Address: 3082 SW Lake Terrace
Palm City, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erin Diaz-Faes

Address: 3082 SW Lake Terrace
Palm City, FL 34990

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

Erin Diaz-Faes

Required Signature/Registered Agent

1/3/2012
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.

Erin Diaz-Faes

Required Signature/Incorporator

1/3/2012
Date

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