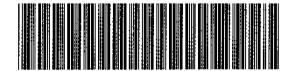
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## **COVER LETTER**

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 & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy 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	SECAS VLLAI						
772-214-2234	y, State & Zip						
Daytime	Telephone number						
ediazfaes@gmail.com							
E-mail address: (to be us	ed for future annual report notification)						

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

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

ARTICLE IV SHARES The purpose of which the corporation is grantized in the temporal project and programs  ARTICLE IV SHARES The purpose of which the corporation is grantized in the other Counseling services and programs  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: In Diaz-Faes Address: 3082 SW Lake Terrace Address:  Address: Address:  Name and Title: Address:  Name and Title: Address:  Address: Address: Address:  Address: Address: Address:  ARTICLE VI REGISTERED AGENT The name and Forida 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 VI REGISTERED AGENT The name and Forida 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 VI INTORPORATOR The name and address of the Incorporator is:  Name: Sin Diaz-Faes Address: 3082 SW Lake Terrace Palm City, FL 34990  Having been named as registered agent to accept spevice of process for the above stated corporation at the place designated in this certificity, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature Registered Agent  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.    Address:	ARTICLE I The name of the cor	NAME Echoes and Inspire poration shall be:	ations Inc.	
ARTICLE IV SHARES The Differ Counseling services and programs  ARTICLE IV SHARES The Differ Counseling services and programs  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: In Diaz-Faes Address: 3082 SW Lake Terrace Palm City, FL 34990  Name and Title: Name and Title: Address:	ARTICLE II	PRINCIPAL OFFICE		
ARTICLE II PURPOSE The Differ counseling services and programs  ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS  Name and Title: In Diaz-Faes Address: 3082 SW Lake Terrace Address: Palm City, FL 34990  Name and Title: Name and Title: Address:		082 SW Lake Terrace		·
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: In Diaz-Faes Address: 3082 SW Lake Terrace Address: Palm City, FL 34990  Name and Title: Name and Title: Address:	The purpose for wh	ich the corporation is organized is:		
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