

P120000/2592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

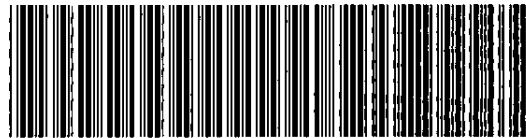
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~with 44741~~

Office Use Only



100211291671

08/26/11--01022--005 **78.75

FILED
12 FEB -3 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

Document # W11000044741

SUBJECT: ECM concepts, 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: Francis Golumme
Name (Printed or typed)

4291 Ft. Keis Ave
Address

LaBelle FL 33935
City, State & Zip

863-234-0930
Daytime Telephone number

Billy Golumme @ Yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2011

FRANCIS GOLEMME
4291 FT. KEIS AVE
LABELLE, FL 33935

SUBJECT: FG SERVICES, INC.
Ref. Number: W11000044741

We have received your document for FG SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 611A00020101

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

FILED

ARTICLE I NAME

The name of the corporation shall be: ECM CONCEPTS, INC 12 FEB -3 PM 4: 34

ARTICLE II PRINCIPAL OFFICE

Principal street address
4291 Ft. KES AVE.
La Belle FL 33935

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning floors.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President: FRANCIS GOLUMME
Address: 4291 Ft. KES AVE
La Belle FL 33935

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: FRANCIS GOLUMME
Address: 4291 Ft. KES AVE
La Belle FL 33935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANCIS GOLUMME
Address: 4291 Ft. KES AVE
La Belle FL 33935

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

1/31/12
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

1/31/12
Date