

P140000067969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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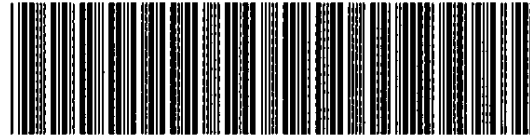
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 11 PM 2:41

APPROVAL  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: **ECW Measurement 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: **Gerardo Griffa**

Name (Printed or typed)

**1151 Olde Bailey Ln.**

Address

**West Melbourne, FL 32904**

City, State & Zip

**321-431-0219**

Daytime Telephone number

**ggriffa@outlook.com**

E-mail address: (to be used 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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: ECW Measurement Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

1151 Olde Bailey Ln.

West Melbourne

FL 32904

Mailing address (if different is: \_\_\_\_\_  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide specialized labor and consulting services in the Metrology field.

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gerard Griffa/ Owner/President

Name and Title: \_\_\_\_\_

Address 1151 Olde Bailey Ln.

Address: \_\_\_\_\_

West Melbourne

FL. 32904

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

APPROVED  
AND  
FILED (cont.)

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: Gerard Griffa  
Address: 1151 Olde Bailey Ln.  
West Melbourne, FL 32904

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gerard Griffa  
Address: 1151 Olde Bailey Ln.  
West Melbourne, FL 32904

*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*

 GERARD GRIFFA 8/7/2014  
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.*

 GERARD GRIFFA 8/7/2014  
Required Signature/Incorporator Date