

P14000089914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

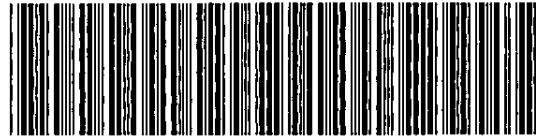
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500264878635

11/04/14--01012--022 \*\*128.75

RECEIVED  
TALLAHASSEE, FLORIDA  
SUFFICIENCY OF FILING

2014 NOV -4 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV -4 AM 8:36

FILED

11/5/14

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**ECMP CORP.**☐ Nonprofit☐ Domestic Corporation☐ Limited Partnership☐ LLC☐ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Merger☐ Mark☒ Other  
**Certificate  
of  
Domestica  
tion**☐ Name Registration☒ Certified Copy☐ Fictitious Name**Certificate of Domestication**☐ Photocopies☒ Walk In☐ Mail Out☐ Will Wait☐ CUS☐ After 4:30☒ Pick Up

Name \_\_\_\_\_

Availability \_\_\_\_\_

11/4/2014

Document \_\_\_\_\_

Examiner \_\_\_\_\_

**KM**

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Order#:

**9332293**

Ref#:

Amount: \$

**FILED**  
14 NOV -4 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ECMP Corp.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

Kirstin Elzer

Name (printed or typed)

222 N LaSalle St, Ste 800

Address

Chicago, IL 60601

City, State & Zip

312-899-1631

Daytime Telephone Number

compliance@gouldratner.com

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

FILED  
14 NOV -4 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INHS53 (12/12)

**CERTIFICATE OF DOMESTICATION**

FILED

14 NOV -4 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, Pamela Johnson, President  
(Name) (Title)

of ECMP Corp. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was December 6, 1999.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Indiana.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ECMP Corp.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ECMP Corp.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Indiana.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of ECMP Corp.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 23 day of October, 2014.

Pamela Johnson  
(Authorized Signature)

Pamela Johnson

**Filing Fee:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

INHS53 (12/12)

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

FILED  
14 NOV -4 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

ECMP Corp.

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

1652 Beach Avenue

1652 Beach Avenue

Atlantic Beach, FL 32233

Atlantic Beach, FL 32233

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The transaction of any or all lawful business for which corporations may be incorporated under the

Florida Business Corporations Act.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1000

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
Pamela Johnson, Director, President, Treasurer & Secretary	
1652 Beach Avenue	
Atlantic Beach, FL 32233	
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Kirstin R Elzer

222 N LaSalle St, Ste 800

Chicago, IL 60601

\*\*\*\*\*  
HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

*Kirstin R. Elzer, asst. sec.*  
Signature/Registered Agent

11-3-14  
Date

*Kirstin R. Elzer*  
Signature/Incorporator

10/29/14  
Date

FILED  
14 NOV -4 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA