

From:

12/08/2014 10:14

#9 12/01/03

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Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
ECRO LAB INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$70.00 |

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*12/09/14*

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Help

From:

12/08/2014 10:15

#351 P.002/003

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

ARTICLE I NAME

The name of the corporation shall be: ECRO LAB INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3245 MAGNOLIA LANDING LN  
NORTH FORT MYERS, FL 33917

Mailing address, if different is:

3245 MAGNOLIA LANDING LN  
NORTH FORT MYERS, FL 33917

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARC DANIEL CABRIOT/PRESIDENT

Address: 3245 MAGNOLIA LANDING LN  
NORTH FORT MYERS, FL 33917

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

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

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

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

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

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

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

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

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

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

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#351 P.003/003

(cont.)

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: MARC DANIEL CABRIOT  
Address: 3245 MAGNOLIA LANDING LN  
NORTH FORT MYERS, FL 33917

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARC DANIEL CABRIOT  
Address: 3245 MAGNOLIA LANDING LN  
NORTH FORT MYERS, FL 33917

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.

(X) \_\_\_\_\_  
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.

(X) \_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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