

P160000019963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

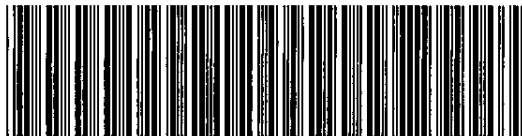
(Business Entity Name)

(Document Number)

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

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16 FEB 29 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/28/16 10874

YMD 3/4

## COVER LETTER

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

SUBJECT:

ECKER ENTERPRISES LTD

(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:

J LENE C ECKER

Name (Printed or typed)

20434 LINKVIEW DRIVE

Address

BOCA RATON, FLORIDA 33434

City, State & Zip

561-477-7780

Daytime Telephone number

rediecker@aol.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

February 12, 2016

ILENE C. ECKER  
20434 LINKSVIEW DRIVE  
BOCA RATON, FL 33434

SUBJECT: ECKER ENTERPRISES LTD.  
Ref. Number: W16000010874

We have received your document for ECKER ENTERPRISES LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00003029

## COVER LETTER

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

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(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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& Certified Copy

☒ \$87.50

Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

JLENE C. ECKER

Name (Printed or typed)

20434 LINKSVIEW DRIVE

Address

BOCA RATON, FLORIDA 33434

City, State & Zip

561-477-7780

Daytime Telephone number

rediecker@aol.com

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

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

2/25/16

Florida Dept State

Div of Corps

POB 6327

Tallahassee, FL 32314

ATT: MARYANNE Dickey

I enclose herewith amended  
applications for corporate status & copy  
of your letter of 2/12/16 -

ECKER ENTERPRISES, INC.

Very Truly Yours,

Irene C. Ecker

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: ECKER ENTERPRISES LTD. INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is

20434 LINKSVIEW DRIVE

BOCA RATON, FLORIDA 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INTERIOR DESIGN

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ILENE ECKER

Name and Title: PRESIDENT &

Address: 20434 LINKSVIEW DRIVE

Address:

BOCA RATON, FLORIDA 33434

TREASURER /  
DIRECTOR

Name and Title: LOUIS ECKER

Name and Title: SECRETARY /

Address: 20434 LINKSVIEW DRIVE

Address:

BOCA RATON, FLORIDA 33434

DIRECTOR

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

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

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

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

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: ILENE C. ECKER  
Address: 20434 LINKSVIEW DRIVE  
BOCA RATON, FLORIDA 33434

FILED  
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SECRETARY OF STATE  
ALABAMA  
FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ILENE C. ECKER  
Address: 20434 LINKSVIEW DRIVE  
BOCA RATON, FLORIDA 33434

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Ilene C. Ecker*  
Required Signature/Registered Agent  
ILENE C. ECKER

*January 24, 2016*  
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.*

*Ilene C. Ecker*  
Required Signature/Incorporator  
ILENE C. ECKER

*January 24, 2016*  
Date