

P16000075323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

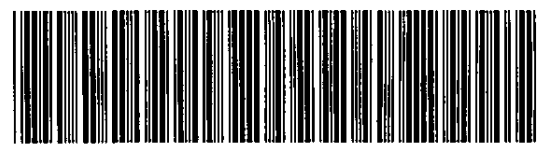
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/16--01028--016 **128.75

FILED
2016 SEP - 6 AM 9:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: Transferring Corporation from MA to FL

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	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Jonathan Lombardi

Name (printed or typed)

7805 Iceland Gull Street

Address

Winter Garden, FL 34787

City, State & Zip

857 888 3272

Daytime Telephone Number

jon@echovisuals.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Melanie Lombardi, President
(Name) (Title) **FILED**
2016 SEP -6 AM 9:09
of Echo Visuals, Inc.
(Corporation Name) **SECRETARY OF STATE**
a foreign corporation
FLORIDA
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 26, 2016.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Amesbury, Massachusetts.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Echo Visuals, Inc.
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 Echo Visuals, Inc.
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 12 Arlington Street Amesbury, MA 01913.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Melanie Lombardi, of Echo Visuals, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 25th day of August, 2016.

Melanie Lombardi

(Authorized Signature)

Filing Fee:

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

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Echo Visuals, Inc.

FILED

2016 SEP -6 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

7805 Iceland Gull Street

7805 Iceland Gull Street

Winter Garden, FL 34787

Winter Garden, FL 34787

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

THE GENERAL CHARACTER OF THE BUSINESS OF ECHO
VISUALS, INC. IS TO OPERATE AND ENGAGEE IN THE
BUSINESS OF DESIGNING, DEVELOPING, AND MAKING
DIGITAL ASSETS CUSTOMIZED FOR MOBILE ELECTRONIC
DEVICES OF ALL KINDS FOR PROFIT, AND TO CARRY ON
ALL BUSINESS RELATED TO PROVIDING SERVICES
CONNECTED THERETO.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President/Melanie Lombardi

7805 Iceland Gull Street

Winter Garden, FL 34787

Title/Name

Secretary/Jonathan Lombardi

7805 Iceland Gull Street

Winter Garden, FL 34787

Title/Name

Director/Melanie Lombardi

7805 Iceland Gull Street

Winter Garden, FL 34787

Title/Name

Treasurer/Jonathan Lombardi

7805 Iceland Gull Street

Winter Garden, FL 34787

Title/Name

Title/Name

Director/Jonathan Lombardi

7805 Iceland Gull Street

Winter Garden, FL 34787

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:

Melanie Lombardi

7805 Iceland Gull Street

Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Melanie Lombardi

7805 Iceland Gull Street

Winter Garden, FL 34787

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.

Melanie Lombardi
Signature/Registered Agent

8/25/2016
Date

Melanie Lombardi
Signature/Incorporator

8/25/2016
Date

FILED
2016 SEP - 6 AM 9:09
SEC. OF STATE
TALLAHASSEE, FLORIDA