

P18000005538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

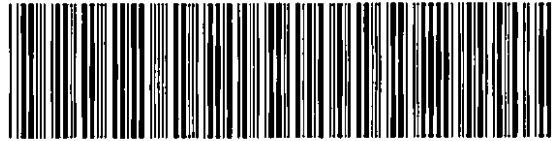
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 19 2018



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RECEIVED  
DEPARTMENT OF STATE  
18 JAN 18 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JAN 18 PM 1: 13  
2018 JAN 18 PM 1: 13

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/18/2018

**\*\*WALK IN\*\***

ENTITY NAME ECOL FLOREX, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

18 JAN 19 PM 1:19  
6711000

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 70.00

CHECK # 4440

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**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: ECOL Florex Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16251 Golf Club Road, #109

Weston, FL 33326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Ekkehard Hohn, Director

Address: 16251 Golf Club Road, #109  
Weston, FL 33326

Name and Title: Patricia Isaacs, Secretary

Address: 16251 Golf Club Road, #109  
Weston, FL 33326

Name and Title: Patricia Isaacs, Director

Address: 16251 Golf Club Road, #109  
Weston, FL 33326

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

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

Name and Title: Ekkehard Hohn, President

Address: 16251 Golf Club Road, #109  
Weston, FL 33326

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

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

(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: InCorp Services, Inc.

Address: 17888 67th Court North  
Loxahatchee, FL 33470

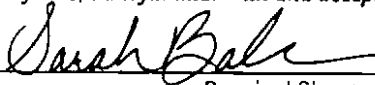
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ed Tsuji

Address: 187 E. Warm Springs Rd., Ste. B  
Las Vegas, NV 89119

*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:*



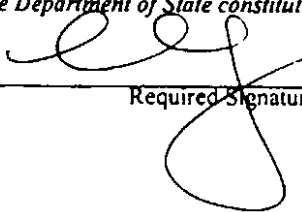
Sarah Balen, Assistant Secretary

Required Signature/Registered Agent

01/17/2018

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.*



Required Signature/Incorporator

01/17/2018

Date