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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

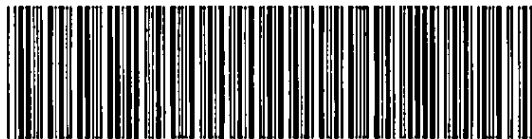
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 SEP 18 PM 5:38
STATE
SEC. FL

Robert Chumbook
1937 Millington Lane
Jacksonville, FL 32246
(847) 308-4543

September 14, 2020

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

RE: New Corporate Filings: 1) Eco Pure Jacksonville Inc.
2) RAC Consulting LLC.

Dear New Filing Section:

Enclosed please find one original, and one copy, of the following:

1. Articles of Incorporation for "Eco Pure Jacksonville Inc."; and
2. Articles of Organization for Florida Limited Liability Company for "RAC Consulting LLC."

Also enclosed are the respective required payments for each. Please return the Certified Copy and Certificate for each to the above address.

Please contact me with any questions. Thank you for your assistance in this matter.

Respectfully,



Robert A. Chumbook

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STATE
RECEIVED

COVER LETTER

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

SUBJECT: ECO PURE JACKSONVILLE INC.
(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: ROBERT A. CHUMBOOK
Name (Printed or typed)

1937 MILLINGTON LANE
Address

JACKSONVILLE FL 32246
City, State & Zip

(847) 308-4543
Daytime Telephone number

RCHUMBOOK@ECOPUREWELLNESS.COM
E-mail address: (to be used for future annual report notification)

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

STATE
SECRET
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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: ECO PURE JACKSONVILLE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1937 MILLINGTON LANE
JACKSONVILLE FL 32240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DEVELOP AND BE A
CONTRACTOR THAT APPLIES COATINGS
ON SURFACES TO PREVENT THE SPREAD
OF VIRUSES.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT A. CHUMBOOK Name and Title: _____

Address: PRESIDENT & CEO Address: _____
1937 MILLINGTON LN
JACKSONVILLE FL 32240

Name and Title: STEPHEN TOKARZ Name and Title: _____

Address: VICE PRESIDENT Address: _____
743 BLOSSOM ROAD
ENCINITAS CA 92024

Name and Title: RALPH C. WATSON JR Name and Title: _____

Address: SECRETARY/TREASURER Address: _____
33 11th STREET NE # 2014
ATLANTA GA 30309

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STATE
OF FL

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:

ROBERT A. CHUMBOOK

Address:

1937 MILLINGTON LANE
JACKSONVILLE FL 32246

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

ROBERT A. CHUMBOOK

Address:

1937 MILLINGTON LANE
JACKSONVILLE FL 32246

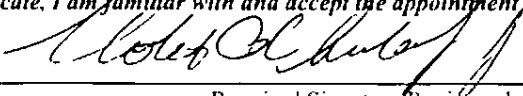
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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



Required Signature/Registered Agent

ROBERT A. CHUMBOOK

Date

9/15/20

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

ROBERT A. CHUMBOOK

Date

9/15/20

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STATE OF FLORIDA