

P22000077164

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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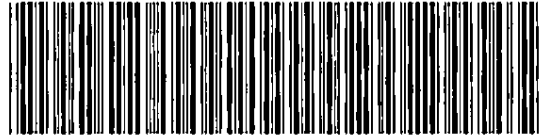
(Business Entity Name)

(Document Number)

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

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S. CHATHAM

OCT - 9 2022

RECEIVED  
2022 OCT - 7 PM 3:10  
ALLAHASSID, G.D.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT - 7 PM 3:10

1. 2. 3. 4. 5.

**SUBJECT: ECHOLOGYX INC**

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Dolores Burton c/o United Corporate Services, Inc.

Name (Printed or typed)

100 State Street, Suite 800

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Address

Albany, NY 12207

City, State &amp; Zip

Daytime Telephone number

1617AMFM@GMAIL.COM

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

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

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/7/22

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

ENTITY NAME ECHOLOGYX INC

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

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

XXXX  
Plain Copy

Certified Copy

Certificate of Status

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

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: \_\_\_\_\_

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

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

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

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

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: ECHOLOGYX INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6700 INDIAN CREEK DRIVE , SUITE 902

MIAMI, BEACH FL 33141

Mailing address, if different is:

6700 INDIAN CREEK DRIVE , SUITE 902

MIAMI, BEACH FL 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY

PERMITTED BY LAW

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: FARAH CHOWDHURY, PRESIDENT Name and Title: \_\_\_\_\_

Address 6700 INDIAN CREEK DRIVE , SUITE 902 Address: \_\_\_\_\_

MIAMI, BEACH FL 33141

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AND  
FINANCIAL SERVICES  
JAN 17 - 7 PM '12

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: FARAH CHOWDHURY  
Address: 6700 INDIAN CREEK DRIVE , SUITE 902  
MIAMI, BEACH FL 33141

FILED  
DIVISION OF CORPORATE AFFAIRS  
OCT-7 PM 2:22

**ARTICLE VII INCORPORATOR**

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

Name: FARAH CHOWDHURY  
Address: 6700 INDIAN CREEK DRIVE , SUITE 902  
MIAMI, BEACH FL 33141

**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*

/S/ FARAH CHOWDHURY

Required Signature/Registered Agent

10/7/2022

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.*

/S/ FARAH CHOWDHURY

Required Signature/Incorporator

10/7/2022

Date