

TRANSMITTAL LETTER

798000071848

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

SUBJECT: ECHOES OF THE PAST, INC.
(Proposed corporate name - must include suffix)

900002616059--9
-08/14/98--01029--014
****122.50 ****122.50

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROY SHUSTER
Name (Printed or typed)

1920 S.W. 69TH AVENUE
Address

PLANTATION, FL 33317
City, State & Zip

954-321-8875
Daytime Telephone number

FILED
98 AUG 14 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH AUG 18 1998

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ECHOES OF THE PAST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7826 LINCOLN PARK WEST
SUNRISE, FL 33351

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN PASSARIELLO
6466 N.W. 5TH WAY
FORT LAUDERDALE, FL 33309

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ROY SHUSTER
1920 S.W. 69TH AVENUE
PLANTATION, FL 33317

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11 day of August, 19 98.

Roy Shuster

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ECHOES OF THE PAST, INC.

2. The name and address of the registered agent and office is:

JOHN PASSARIELLO

(NAME)

6466 N.W. 5TH WAY

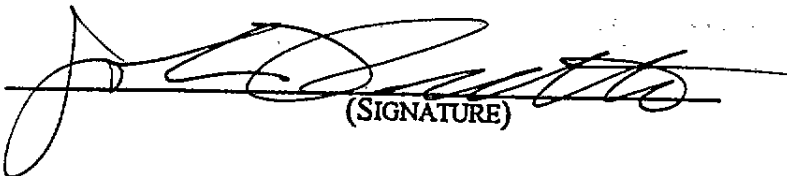
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

FORT LAUDERDALE, FL 33309

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

8/10/98
(DATE)