

TRANSMITTAL LETTER

P9900072820

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

000002957420--9
-08/11/99--01083--005
*****78.75 *****78.75

SUBJECT: EKTEK, INC.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Susan Ekvall
Name (Printed or typed)
5821 Riverside Drive Apt #305
Address
Coral Springs, FL 33067
City, State & Zip
(954) 796-3736
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 11 PM 1:15

FILED

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EKTEK, INC.

ARTICLE II PRINCIPAL OFFICE

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

FLORIDA
5821 Riverside Drive Apt #305
Coral Springs, FL 33067

ARTICLE III SHARES

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

One (1)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Susan Ekvall
5821 Riverside Drive Apt #305 Coral Springs, FL
33067

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Glen Ekvall
5821 Riverside Drive Apt #305
Coral Springs, FL 33067



Signature/Incorporator

08/09/99

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

08/09/99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA