Fill	in this information to ident	ify your case:		
Un	ited States Bankruptcy Court	for the:		
so	OUTHERN DISTRICT OF FLO	PRIDA	_	
Ca	se number (if known)		Chapter 11	
				Check if this an amended filing
	· · · · · · · · · · · · · · · · · · ·			
	ficial Form 201	an fan Nan Individu	ala Filina fan Dan	I
		on for Non-Individu		•
		n a separate sheet to this form. On the total document, <i>Instructions for Bankrup</i>		he debtor's name and case number (if known). vailable.
1.	Debtor's name	ECM Group, Inc.		
2.	All other names debtor used in the last 8 years			
	Include any assumed names, trade names and doing business as names			
3.	Debtor's federal Employer Identification Number (EIN)	26-0149822		
4.	Debtor's address	Principal place of business	Mailing add business	ress, if different from principal place of
		1520 Lands End Rd. Manalapan, FL 33462		
		Number, Street, City, State & ZIP Code	P.O. Box, N	ımber, Street, City, State & ZIP Code
		Palm Beach County	Location of place of but	principal assets, if different from principal siness
			3851 Virgi	nia Ave. Fort Pierce, FL 34981
			Number, Str	eet, City, State & ZIP Code
5.	Debtor's website (URL)			
6.	Type of debtor	_	ility Company (LLC) and Limited Liab	ility Partnership (LLP))
		Partnership (excluding LLP)		
		Other. Specify:		

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Debtor ECM Group, Inc.			Case number (if known)		
	Name				
7. Describe debtor's business A. Check one: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the above					
		Investment compan	s described in 26 U.S.C. §501) y, including hedge fund or pooled inve (as defined in 15 U.S.C. §80b-2(a)(11	estment vehicle (as defined in 15 U.S.C. §80a-3)	
			can Industry Classification System) 4- urts.gov/four-digit-national-association		
8.	Under which chapter of the Bankruptcy Code is the debtor filing?	Check one: ☐ Chapter 7 ☐ Chapter 9 ☑ Chapter 11. Check ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Debtor's aggregate noncontingent li are less than \$2,566,050 (amount some less than \$2,560,050 (amount some less than \$2,566,050 (amount some less than \$2,560,050 (amount some	ı. ed prepetition from one or more classes of creditors, in	small small s and File the
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	✓ No. ☐ Yes.			
	If more than 2 cases, attach a separate list.	District	When	Case number Case number	
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	✓ No ☐ Yes.			
	List all cases. If more than 1, attach a separate list	Debtor		Relationship	
		District	When	Case number, if known	

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Debt	or ECM Group, Inc.		Case number (if known)			
	Name					
	Why is the case filed in	Check all that apply:				
	this district?		Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.			
		A bankrup	tcy case concerning de	btor's affiliate, general partner, or partner	ship is pending in this district.	
12.	Does the debtor own or have possession of any real property or personal property that needs immediate attention?	▼ No				
		_	r below for each proper	rty that needs immediate attention. Attacl	n additional sheets if needed.	
		Why d	Why does the property need immediate attention? (Check all that apply.)			
			oses or is alleged to po at is the hazard?	se a threat of imminent and identifiable h	azard to public health or safety.	
		☐ It n	eeds to be physically se	ecured or protected from the weather.		
				ds or assets that could quickly deteriorate meat, dairy, produce, or securities-relate	e or lose value without attention (for example, d assets or other options).	
		☐ Oth	•		. ,	
		Where	is the property?			
			Number, Street, City, State & ZIP Code		e	
		_	property insured?			
		∐ No	Incurance agency			
		∐ Ye:	S. Insurance agency Contact name			
			Phone			
			THOTIC			
	Statistical and administrative information					
13. Debtor's estimation of . Check one:						
	available funds	✓ Funds will be available for distribution to unsecured creditors.				
After any administrative expenses are paid, no funds will be available to unsecured creditors.					to unsecured creditors.	
14.	Estimated number of	√ 1-49		1,000-5,000	25,001-50,000	
	creditors	50-99		5001-10,000	50,001-100,000	
		100-199 200-999		10,001-25,000	☐ More than100,000	
15. Estimated Assets		\$1,000,001 - \$10 million	\$500,000,001 - \$1 billion			
		\$50,001 - \$10 \$100,001 - \$5		\$10,000,001 - \$50 million \$50,000,001 - \$100 million	\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion	
		\$500,001 - \$3 \$500,001 - \$7		\$100,000,001 - \$500 million	More than \$50 billion	
16.	Estimated liabilities	<u>\$0 - \$50,000</u>		\$1,000,001 - \$10 million	\$500,000,001 - \$1 billion	
		\$50,001 - \$1 \$100,001 - \$5	·	\$10,000,001 - \$50 million \$50,000,001 - \$100 million	\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion	
		\$100,001 - \$		\$50,000,001 - \$100 million	More than \$50 billion	

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Debtor	ECM Group, Inc.		Case number (if known)			
	Request for Relief,	Declaration, and Signatures				
WARNII		is a serious crime. Making a false statement in connection w up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3				
of a	aration and signature uthorized esentative of debtor	The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		I have been authorized to file this petition on behalf of the debtor.				
		I have examined the information in this petition and have a reasonable belief that the information is trued and correct.				
		I declare under penalty of perjury that the foregoing is true and correct.				
		Executed on October 18, 2017 MM / DD / YYYY				
		X /s/ Jerry Jacobson	Jerry Jacobson			
		Signature of authorized representative of debtor	Printed name			
		Title	_			
18 Sign	ature of attorney	X /s/ Kenneth Ray Noble, III	Date October 18, 2017			
ioi oigii	gnature of altornoy	Signature of attorney for debtor	MM / DD / YYYY			
		Kenneth Ray Noble, III				
		Printed name				
		Noble Law Firm, P.A.				
		Firm name				
		6199 North Federal Hwy., Boca Raton, FL 33487 Number, Street, City, State & ZIP Code	7			
		Multiper, Street, City, State & ZIP Code				

Email address

ray@noblelawfirmpa.com

Bar number and State

859451

Contact phone **561-353-9300**