## P14000047853

(Re	questor's Name)	)
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
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FORETARY OF STATE

IT ANY SCORE FLORIDA

IT

× 06/04/14

## **COVER LETTER**

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

<sub>SUBJECT:</sub> Eve	lyn Sports Store		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status  PPY REQUIRED
FROM: G	eorgelyn Parra		
_		e (Printed or typed)	
23	32 Jackson Drive	e, Apt 3	
		Address	
W	est Palm Beach	•	)6
	·	, State & Zip	
56	31-351-7056		

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

Daytime Telephone number

geomparra@yahoo.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II P	PRINCIPAL OFFICE Principal street address	N	Aailing address, if different is:
81 Lake	Worth Road		lackson Drive
ore #10	***************************************	Apt. 3	3
ake Worth, FL 33461		West Palm Beach- FL 33406	
ICLE III Pourpose for which	URPOSE th the corporation is organized is:  Going or	n business a	as a store owner.
			14 I A
			CF
	of stock is:		FILED JUN -2 PH 2: 26 EIMAY OF STATE WASSEE, FLORIDA
umber of shares	of stock is: TOO NITIAL OFFICERS AND/OR DIRECTORS		FILED JUN-2 PH 2: 26 EFFACY OF STATE VIASSEE, FLORIDA
umber of shares  ICLE V II  Name and T	of stock is:	Name and Title:_	FILED JUN-2 PH 2: 26 EFFACY OF STATE VIASSEE, FLORIDA
umber of shares	of stock is: 100 <u>VITIAL OFFICERS AND/OR DIRECTORS</u> <sub>Title:</sub> Georgelyn Parra, President		FILED JUN-2 PH 2: 26 EFFACY OF STATE VIASSEE, FLORIDA
umber of shares  ICLE V II  Name and T	vitial officers and/or directors itle: Georgelyn Parra, President 232 Jackson Drive	Name and Title:_	FILED JUN-2 PH 2: 26 EFFACY OF STATE VIASSEE, FLORIDA
ICLE V II  Name and T  Address	VITIAL OFFICERS AND/OR DIRECTORS Title: Georgelyn Parra, President 232 Jackson Drive Unit 3 West Palm Beach, FL 33406	Name and Title:_ Address:	FILED  JUN -2 PH 2: 26  EFFACY OF STATE  VIASSEE, FLORIDA
ICLE V II  Name and T  Address	VITIAL OFFICERS AND/OR DIRECTORS Title: Georgelyn Parra, President  232 Jackson Drive  Unit 3  West Palm Beach, FL 33406  Margarita Cepero, Vice President  232 Jackson Drive	Name and Title:_ Address: Name and Title:_	FILED JUN-2 PH 2: 26 EFARY OF STATE THASSEE, FLORIDA
ICLE V II  Name and T  Address	VITIAL OFFICERS AND/OR DIRECTORS Title: Georgelyn Parra, President  232 Jackson Drive  Unit 3  West Palm Beach, FL 33406  Margarita Cepero, Vice President  232 Jackson Drive	Name and Title:_ Address: Name and Title:_	FILED JUN-2 PH 2: 26 EFFACY OF STATE VIASSEE, FLORIDA
ICLE V II  Name and T  Address	VITIAL OFFICERS AND/OR DIRECTORS Georgelyn Parra, President 232 Jackson Drive Unit 3 West Palm Beach, FL 33406 tlc: Margarita Cepero, Vice President 232 Jackson Drive	Name and Title:_ Address: Name and Title:_	FILED JUN-2 PH 2: 26 EFARY OF STATE THASSEE, FLORIDA
Name and Ti Address  Name and Ti Address	VITIAL OFFICERS AND/OR DIRECTORS Citle: Georgelyn Parra, President  232 Jackson Drive  Unit 3  West Palm Beach, FL 33406  ttle: Margarita Cepero, Vice President  232 Jackson Drive  Unit 3	Name and Title:_ Address: _  Name and Title:_ Address:	FILED JUN -2 PH 2: 26 EFMAY OF STATE HASSEE, FLORIDA

Address Address:  Address: Address:  Address: Address:  Address: Address:  Address: Address:  Name: Georgelyn Parra  Address: 232 Jackson Drive #3  West Palm Beach, FL 33406  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Georgelyn Parra  Address: 232 Jackson Drive #3  West Palm Beach, FL 33406  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 grid accept the appointment as registered agent and agree to act in this capacity  Repared Signature/Registered Agent  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 23/2014  Buttered Signature/Incorporator  S 23/2014  S 23/2019	) j			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Georgelyn Parra  Address: 232 Jackson Drive #3  West Palm Beach, FL 33406  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name: Georgelyn Parra  Address: 232 Jackson Drive #3  West Palm Beach, FL 33406  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  Referred Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the fatse information submitted in a document to the Department of plate constitutes a third degree felony as provided for in s.817.155, F.S.	, Name and	d Title:	Name and Title:	
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this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    S   23   20   4     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 plate constitutes a third degree felony as provided for in s.817.155, F.S.		West Palm Beach, FL 33406	_	
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  5/23/2019		Regarded Signature/Registered Agent		-
Populared Signature/Incorporator 5/23/2019  Date  5/23/2019	I submit this doci document to the L	ument and affirm that the facts stated herein are Department of plate constitutes a third degree felon	true. I am aware that the false information submitted in sy as provided for in s.817.155, F.S.	a
Required Signature/Incorporator Date		Jan	5/23/20,	14
		Paguired Signature/Incorporator	Daty	