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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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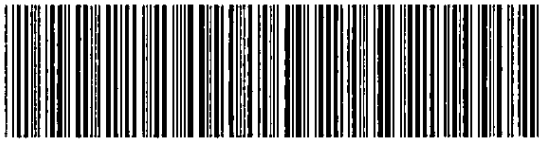

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11/05/19--01017--016 **78.75

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2019 NOV -5 AM 9:15
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

NOV 05 2019

K Brumbley

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ELVE8 PROGRESS CORP

Signature

Requested by: Seth

Name

11/05/19

Date

Time

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File_____
_____ LTD Partnership File_____
_____ Foreign Corp. File_____
_____ L.C. File_____
_____ Fictitious Name File_____
_____ Trade/Service Mark_____
_____ Merger File_____
_____ Art. of Amend. File_____
_____ RA Resignation_____
_____ Dissolution / Withdrawal_____
_____ Annual Report / Reinstatement_____
_____ Cert. Copy_____
_____ Photo Copy_____
_____ Certificate of Good Standing_____
_____ Certificate of Status_____
_____ Certificate of Fictitious Name_____
_____ Corp Record Search_____
_____ Officer Search_____
_____ Fictitious Search_____
_____ Fictitious Owner Search_____
_____ Vehicle Search_____
_____ Driving Record_____
_____ UCC 1 or 3 File_____
_____ UCC 11 Search_____
_____ UCC 11 Retrieval_____
_____ Courier_____

COVER LETTER

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

SUBJECT: ELEV8 PROGRESS CORP
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: CSG CAPITAL SERVICES GROUP INC
Name (Printed or typed)

1191 E NEWPORT CENTER DRIVE SUITE 103
Address

DEERFIELD BEACH, FL 33442
City, State & Zip

954.427.4770
Daytime Telephone number

EMANUELLE@THEWAYGROUP.BIZ
E-mail address: (to be used for future annual report notification)

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

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: ELEV8 PROGRESS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
2927 NETWORK PLACE 204C	SAME
LUTZ, FL 33559	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY/ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GIULIA YUKARI GARCIA, PRESIDENT
Address: 2927 NETWORK PLACE 204C, LUTZ, FL 33559

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MARCOS REZENDE - CSG CAPITAL SERVICES GROUP INC

Address: 1191 E NEWPORT CENTER DRIVE SUITE 103
DEERFIELD BCH, FL 33442

ARTICLE VII INCORPORATOR

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

Name: GIULIA YUKARI GARCIA

Address: 2927 NETWORK PLACE 204C

DEERFIELD BCH, FL 33442

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

_____ 11/04/2019
Required Signature/Registered Agent 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.

_____ 11/04/2019
Required Signature/Incorporator Date