

F08000003608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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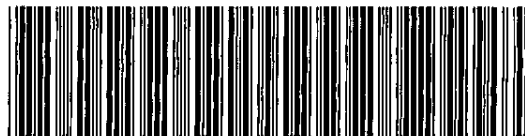
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 AUG 18 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 18 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EVOLUTION INVESTMENT CONSULTANTS INC

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAMES T. PACHELL

(Name of Person)

COOPER & PACHELL

(Firm/Company)

525 N CLEVELAND-MASSILLON ROAD SUITE 101

(Address)

AKRON OH 44333

(City/State and Zip code)

For further information concerning this matter, please call:

JAMES T PACHELL

(Name of Person)

at (330) 666-3777

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. **EVOLUTION INVESTMENT CONSULTANTS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **OHIO**

(State or country under the law of which it is incorporated)

3. **65-1163969**

(FEI number, if applicable)

4. **DECEMBER 9, 2002**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **539 RIMINI VISTA WAY, SUN CENTER, FL 33573**

(Principal office address)

539 RIMINI VISTA WAY, SUN CENTER, FL 33573

(Current mailing address)

8. **INVESTMENT CONSULTING**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **ELLEN BROWN**

Office Address: **539 RIMINI VISTA WAY**

SUN CENTER

(City)

, Florida **33573**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ellen Brown

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ELLEN BROWN

Address: 539 RIMINI VISTA WAY
SUN CENTER FL 33573

Vice Chairman: _____

Address: _____

Director: ELLEN BROWN

Address: 539 RIMINI VISTA WAY
SUN CENTER FL 33573

Director: DAVE BROWN

Address: 539 RIMINI VISTA WAY
SUN CENTER FL 33573

B. OFFICERS

President: DAVE BROWN

Address: 539 RIMINI VISTA WAY
SUN CENTER FL 33573

Vice President: _____

Address: _____

Secretary: ELLEN BROWN

Address: 539 RIMINI VISTA WAY SUN CENTER FL 33573

Treasurer: ELLEN BROWN

Address: 539 RIMINI VISTA WAY SUN CENTER FL 33573

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ellen Brown
(Signature of Director or Officer listed in number 12 of the application)

14. Ellen Brown Chairman + Secretary - Treasurer
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **EVOLUTION INVESTMENT CONSULTANTS, INC.**, an Ohio corporation, Charter No. 1355970, having its principal location in Akron, County of Summit, was incorporated on December 09, 2002 and is currently in **GOOD STANDING** upon the records of this office.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 5th day of August, A.D. 2008*

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State