

F11000001943Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEMS
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RE-SUBMIT

Please retain original filing
date of submission 4/20

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Investment Evolution Corporation

Certificate of Status	0
Certified Copy	0
Page Count	105
Estimated Charge	\$70.00

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2011 APR 20 AM 10:19 11 MAY -6 AM 10:36

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J. Shivers MAY 09 2011



April 21, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: INVESTMENT EVOLUTION CORPORATION
REF: W11000022423

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tim Burch
Regulatory Specialist II

FAX Aud. #: H11000105235
Letter Number: 111A00009715

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INVESTMENT EVOLUTION CORPORATION

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," or "Certificate of Good Standing" 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:

CARLA CHOLEWINSKI

Name of Person

INVESTMENT EVOLUTION CORPORATION

Firm/Company

6160 WEST TROPICANA, SUITE E-13

Address

LAS VEGAS, NEVADA 89103

City/State and Zip code

CARLA@INVESTMENTEVOLUTION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLA CHOLEWINSKI

at (702) 227-5626

Name of Person

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

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TALLAHASSEE, FLORIDA

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**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.*

1. INVESTMENT EVOLUTION CORPORATION

(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. DELAWARE

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

3. 30-0560120

(FEI number, if applicable)

4. 02/20/2008

(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. 6160 WEST TROPICANA, SUITE E-13, LAS VEGAS, NEVADA 89103

(Principal office address)

P.O. BOX 30698, LAS VEGAS, NEVADA 89173

(Current mailing address)

8. CONSUMER INSTALLMENT LOAN COMPANY

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

C T Corporation System

By:

Donald B. Bailey
(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.

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

A. DIRECTORS

Chairman: PAUL MATHIESON

Address: 6160 WEST TROPICANA, SUITE E-13, LAS VEGAS, NEVADA 89103

Vice Chairman: _____

Address: _____

Director: PAUL MATHIESON

Address: 6160 W TROPICANA, SUITE E-13, LAS VEGAS, NEVADA 89103

Director: _____

Address: _____

B. OFFICERS

President: PAUL MATHIESON

Address: 6160 WEST TROPICANA, SUITE E-13, LAS VEGAS, NEVADA 89103

Vice President: _____

Address: _____

Secretary: PAUL MATHIESON

Address: 6160 WEST TROPICANA, SUITE E-13, LAS VEGAS, NEVADA 89103

Treasurer: PAUL MATHIESON

Address: 6160 WEST TROPICANA, SUITE E-13, LAS VEGAS, NEVADA 89103

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

13. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. PAUL MATHIESON, DIRECTOR & PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVESTMENT EVOLUTION CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8703801

DATE: 04-19-11