

F17000000789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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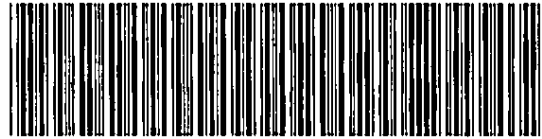
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2017

RICHARD SLOAN
7749 NORMANDY BLVD STE 145
JACKSONVILLE, FL 32221

SUBJECT: EVOLUTION STYLZ CORP
Ref. Number: W17000010090

2017 FEB 15 PM 1:08
TALLAHASSEE, FLORIDA

We have received your document for EVOLUTION STYLZ CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 917A00002245

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
EVOLUTION STYLZ CORP

SUBJECT: _____
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:
RICHARD SLOAN

Name of Person
EVOLUTION STYLZ

Firm/Company
7749 NORMANDY BLVD STE 145

Address
JACKSONVILLE FL 32221

City/State and Zip code
EVOLUTIONSTYLZ@YAHOO.COM

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

For further information concerning this matter, please call:

RICHARD SLOAN 770 286-1117

Name of Person at () Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|--|

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TALLAHASSEE, FL
SECRETARY OF STATE

**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.*

EVOLUTION STYLZ CORP

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

EVOLUTION STYLE CORP

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
GEORGIA 75-3238102

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
03/27/2007

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

11573 JERRY ADAM DR JACKSONVILLE FL 32218

7. _____
(Principal office address)
7749 NORMANDY BLVD STE 145 JACKSONVILLE FL 32221

(Current mailing address, if different)

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

RICHARD SLOAN

Name: _____
11573 JERRY ADAM DR

Office Address: _____
JACKSONVILLE 32218
_____, Florida _____
(City) (Zip code)

9. 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.*



(Registered agent's signature)

10. 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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17 FEB 2 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

RICHARD SLOAN

President: _____

11573 JERRY ADAM DR JACKSONVILLE FL 32218

Address: _____

WANDA SLOAN

Vice President: _____

11573 JERRY ADAM DR JACKSONVILLE FL 32218

Address: _____

DESTINEE WIMBUSH

Secretary: _____

3855 KING EDWARD TRL ATLANTA GA 30331

Address: _____

WANDA SLOAN

Treasurer: _____

11573 JERRY ADAM DR JACKSONVILLE FL 32218

Address: _____

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

12. *Richard Sloan* _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Richard D Sloan President _____

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

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SECRETARY OF STATE
TALLAHASSEE

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

EVOLUTION STYLZ CORP

a Domestic Profit Corporation

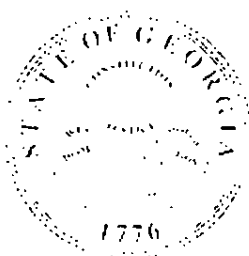
was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 13899929
Date Inc/Auth/Filed : 03/27/2007
Jurisdiction : Georgia
Print Date : 01/24/2017
Form Number : 111

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SECRETARY OF STATE
ATLANTA, GEORGIA



B. P. Kemp

Brian P. Kemp
Secretary of State