# F21000003094

Office Use Only



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# **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation	ns			
SUBJECT: Evolution Finance	e, Inc.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence." or " above referenced foreign corporate to the corporate of the corp	Certificate of Good Stan	ding" and check are sub-		
Please return all correspondence	e concerning this matter	to the following:		
Odysseas Papadimitriou				
	Name of	Person		
Evolution Finance, Inc.				
Firm/Company				2921
818 18th Street NW, Suite 1020	ست. 44 <u>0 موو</u> 7 غ.سا	<u>⊒</u> द		
-	Addre	ess		1921 MAY 13
Washington, DC 20006		; <b>~</b>		
	City/State a	nd Zip code	- <i></i>	ို့ ငှာ
payments@evolutionfinance.com	<b>海</b>	ယ (၈		
E-m	iail address: (to be used f	for future annual report n	otification)	
For further information concer	ning this matter, please c	call:		
Iulia Zepciuc	at ( <sup>703</sup>	835-9060	835-9060	
Name of Person	Area Code	e Daytime Telepl	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ORIDA DEPARTMENT	OF STATE  \$78.75 Filing Fee & Certified Copy	S87.50 Filing   Certificate of S Certified Copy	Status &

# 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 Finan	ce. Inc.		
(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc.," "Co.," or "Corp.,")	"COMPANY." "CORPORATION."	
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	ısiness in Florida)
Delaware 3.		26-2184999	
2. Delaware 3. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. 2/13/2008	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
V	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7 818 18th Street N	W. Suite 1020, Washington, DC 20006	ozer i.s to determine penarty matering)	
/·	(Principal offic	ce <u>street</u> address)	
	(Current mailing	g address, if different)	
			22 22 22 22 22 22 22 22 22 22 22 22 22
8. Name and street	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	100 美 17
Name:	Corporation Service Company	<del></del>	2921 MAY 13
Office Address:	1201 Hayes Street		MAY 13 PM 3:3
	Tallahassee	, Florida <u>32301</u>	
	(City)	(Zip code)	Ŝw Q

## 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.

Jimmis Sylvester

(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.

### A. DIRECTORS Odysseas Papadimitriou Name: ] · Chairman Chairman. Name: 818 18th Street NW, Suite 1020 Address: □ Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Washington ☐ Director □ Director DC □ President □ President 20006 □ Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer € Other \_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: □ Chairman Chairman □ Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_\_ □ Director □ Director □ President □ President □ Vice President ☐ Vice President □ Secretary ☐ Secretary □ Treasurer EOther 200 □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Chairman □ Chairman Name: \_\_\_\_\_\_ □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary □ Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Odysseas Papadimitriou CEO



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EVOLUTION FINANCE, INC." 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. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVOLUTION FINANCE, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY,

A.D. 2008.

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



Authentication: 202997382

Date: 04-19-21

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