F24000003308

(Daniel Mana)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: EVONA, Inc.			
0020		corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certif	iclosed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to tran	Good Stan	ding" and check are submitte	
Please	return all correspondence concerning	this matter	to the following:	
Tom K	elly			
	-	Name of	Person	
EVON	A, Inc.			
		Firm/Com	pany	
100 2n	d Avenue S, Suite 105N-4			
		Addre	PSS .	
St. Pete	ersburg, FL 33701			
	(City/State a	nd Zip code	
finance	e@evona.com			
	E-mail address: (1	to be used f	or future annual report notifi	cation)
For fur	ther information concerning this matt	er, please c	all:	
Tom Kelly		(202	2 381-9944	
	Name of Person	Area Code		Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please 1	ed is a check for the following amount make check payable to: FLORIDA DEP. .00 Filing Fee	ARTMENT Fee & □	OF STATE I \$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.

EVONA, Inc.

(If name unavail		adopted for the purpose of transacting business in Flori	ida)
Delaware	3. ry under the law of which it is incorporated)	37-2039506 (FEI number, if applicable)	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/02/2022	5.	(Date of duration, if other than perpetual)	
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
100 2nd Avenue	S, Suite 105N-4, St. Petersburg, FL 33701	02, 1.5., to determine penarty habitity)	
	(Principal off	ce <u>street</u> address)	
	(Timelparoni	street addressy	
	(Current mollin	g address, if different)	
	G arren mann		
	(Current mainin	g address. If different	201
Name and stre). Box NOT acceptable)	<u> </u>
	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	2029 JUH 1
Name and stre	et address of Florida registered agent: (P.C.). Box <u>NOT</u> acceptable)	11 FOF 670
	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	Zuza Judijili Pili
Name:	et address of Florida registered agent: (P.C.	D. Box NOT acceptable)	2024 JUH 14 PH 4: 3

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.

(Registered agent's signature)

A. DIRECTORS Jack Madley Ryan Hill Name: □Chairman □ Chairman Name: Vintry Building, Wine Street Vintry Building, Wine Street □Vice Chairman Address: Address: □Vice Chairman Bristol, United Kingdom BS1 2BD Bristol, United Kingdom BS1 2BD Director Director □President □President □Vice President _ □Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary □Other _____ □Other _____ Name: Tom Kelly □ Chairman □ Chairman Vintry Building, Wine City □Vice Chairman Address: □Vice Chairman Address: Bristol, United Kingdom BS1 2BD Director □Director □ President □President □ Vice President _____ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ ☐Other _____ □Other _____ Other Richard Joyce ☐ Chairman □Chairman Name: Vintry Building, Wine Street □Vice Chairman Address: □Vice Chairman Address: _______ Bristol, United Kingdom BS1 2BD Director □ Director □President □President □ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □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.

13. Tom Kelly, CEO



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

DELAWARE, DO HEREBY CERTIFY "EVONA, 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. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVONA, INC." WAS INCORPORATED ON THE SECOND DAY OF MARCH, A.D. 2022.

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

Authentication: 203291571

Date: 04-19-24