## L2200044611

(Requestor's Name)
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SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Filone: 630-336-1300
ACCOUNT NO. : I2000000195
REFERENCE : 461706 10910A
AUTHORIZATION:
COST LIMIT : \$ 130.00
ORDER DATE : February 7, 2022
ORDER TIME : 9:29 AM
ORDER NO. : 461706-005
CUSTOMER NO: 10910A
DOMESTIC FILING
NAME: EVO PARTNERS LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker - EXT.
EXAMINER'S INITIALS:

## COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	EVO Partners L	mited Liability Company	
		mies maomi, compan,	
The enclosed	Articles of Organization and fee(s) as	e submitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
_	Scott 1	Name of Person	
_	EVO F	arthus UC Firm/Company	
_	23131 L'ermit	tage Circle	
	Bo-ca-Ratin	JAddress 1—3-34-33——	
	Howard.	State and Zip Code  SV CO MOM O MONTO  for future annual report notificati	cusmillichap. com
For further info	rmation concerning this matter, please	call:	•
Hou	VAL DIAM at () Name of Person A	Tul 213-55  Tea Code Daytime Telephone	5 4 e Number
Enclosed is a c	check for the following amount:		
□\$125.00 Fil		☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE

ARTICLE I - Nai	me	;
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The name of the Limited Liability Company is:

2022 FEB -7 PM 1: 15

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

23131 Leventage (inllumber of 33453

23/31 L'ermitage lucle
Born Pater Fl 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

13131 1 Ov

-Florida street address (P:O-Box-NOT-acceptable)

confata 1

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered ageny provided for in Chapter 605, F.S..

Registered Agen's Signature (REQUIRED)

(CONTINUED)

The name and address of each person at	uthorized to manage and control the Limited Liability Company:
Title; "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Scott Fisken 23131 Pleymitage Circle Book Ration D. 1221132
MGR	Howard Breamon
M6R	DAN LEVY JOTOS Avenida Del Rio Dellay Beach & 33440 TEB
(Use attachment if necessary)	PM 1:
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days affer neet the applicable statutory filing requirements, this date will not be listed as
This document is execut I am aware that any false	mbergy an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.  Typed or printed name of signer.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)