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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EVERS KSA'S FOR SUCESS TRAINING CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: William Evers
Name (Printed or typed)

5700 FAIRBANKS FERRY RD.
Address

HAVANA FL. 32333
City, State & Zip

850 212-4013
Daytime Telephone number

Will95717@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: EVERS KSA'S FOR SUCCESS TRAINING CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5700 FAIRBANKS FERRY RD

HAVANA FL. 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ASSIST STUDENTS WITH THE
PROCESS WITH PREPARING FOR HIGHER EDUCATION INTO COLLEGE,
MILITARY, TRADES, AND ETC...

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ELECTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT WILLIAM EVERS Name and Title: _____

Address: 5700 FAIRBANKS FERRY RD Address: _____

HAVANA FL. 32333

Name and Title: VICE PRESIDENT LARNE EVERS Name and Title: _____

Address: 5700 FAIRBANKS FERRY RD Address: _____

HAVANA, FL 32333

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRET
TALLAHASSEE FLORIDA

14 APR 30 AM 9:33

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WILLIAM EVER S

Address: 5700 FAIRBANKS FERRY RD

HAVANA FL. 32333

STATE OF FLORIDA
DEPARTMENT OF STATE

14 APR 30 AM 9:33

APPROVED
AND
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM EVER S

Address: 5700 FAIRBANKS FERRY RD

HAVANA FL. 32333

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

William E

Required Signature of Registered Agent

APR. 30, 2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

William E

Required Signature of Incorporator

APR. 30 2014

Date