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INVISION OF CORE DRAFTE

NAME ES YAM STRAMELL

TRANSMITTAL LETTER

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

SUBJECT: Gail S.	Evans, P.A. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	ı
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Gail S. Evans Name (Printed or typed)				
15105 Milagrosa Dr., #205 Address				SECRETARY OF STATE VISION OF CORFORATE 05 MAY 23 AM 9: 28
	Ft. Myers, FL 33908	State & Zip		ँ ए
	239-466-6827	alanhone number	· · · · · · · · · · · · · · · · · · ·	<u>.</u>

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

The name of the corporation shall be: Gail S. Evans, P.A. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15105 Milagrosa Dr., #205, Ft. Myers, FL 33908 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Commissioned based sale of real estate ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Gail S. Evans, President/Secretary/Treasurer ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Gail S. Evans 15105 Milagrosa Dr., #205 Ft. Myers, FL 33908 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Gail S. Evans 15105 Milagrosa Dr., #205 Ft. Mvers. FL 33908

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

Signature/Incorporator

ARTICLES OF INCORPORATION

NAME

ARTICLE I

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)