# Poso0077118

	(Requestor's Name)
	(Address)
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	(Address)
	(City/State/Zip/Phone #)
PICK-UF	
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
	Office Use Only



04/19/05--01084--005 \*\*78.75





#### **TRANSMITTAL LETTER**

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

#### SUBJECT: EVD & ASSOCIATES CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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\$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPY REQUIRED

s., •

FROM: EUGENIA BIKAKIS

Name (Printed or typed)

6602 GOVERNORS DRIVE

Address

NEW PORT RICHEY FLORIDA 34655 City, State & Zip

727-808-1671

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2005

EUGENIA BIKAKIS 6602 GOVERNORS DRIVE NEW PORT RICHEY, FL 34655

SUBJECT: EVD & ASSOCIATES CORPORATION Ref. Number: W05000020531

We have received your document for EVD & ASSOCIATES CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin Document Specialist New Filings Section

Letter Number: 105A00027963

#### **ARTICLES OF INCORPORATION**

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

#### ARTICLE I NAME

The name of the corporation shall be:

#### EVD & ASSOCIATES CORPORATION

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6602 GOVERNORS DRIVE NEW PORT RICHEY FL 34655

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXPORTER

## Filling FOR ANITES code 5 corporation

### ARTICLE IV SHARES

The number of shares of stock is:

1000

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): EUGENIA BIKAKIS PRES. DAMOULIS BIKAKIS V. PRES 6602 GOVERNORS DRIVE NEW PORT RICHEY FL 34655

#### ARTICLE VI REGISTERED AGENT

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

EUGENIA BIKAKIS 6602 GOVERNORS DRIVE NEW PORT RICHEY FL 34655

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EUGENIA BIKAKIS 6602 GOVERNORS DRIVE NEW PORT RICHEY FL 34655

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/Registered Agent EUGENIA BIKAKIS PRES

Signature/Incorporator EUGENIA BIKAKIS EPROVEU

05 MAY 26 AH 8: 48

SECRETARY OF STATE FALLAHASSEE, FLORIDA

<u>5-16-2005</u> Date

5-16-2005