

P09000068256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

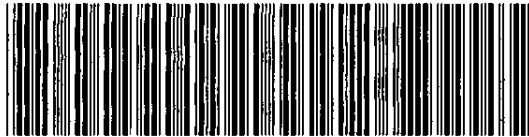
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/09--01070--010 **78.75

2009-35361

FILED

2009 AUG 12 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 12 2009

COVER LETTER

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

SUBJECT: Evans Support Services, P.A.
(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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Betty C. Evans
Name (Printed or typed)

P.O. Box 1339 107 East Ashland Avenue
Address

Hastings, Florida 32145
City, State & Zip

904-377-2499
Daytime Telephone number

bcevans36@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 AUG 12 PM 3:25

DIVISION OF CORPORATION

August 4, 2009

BATTY C. EVANS
PO BOX 1339
HASTINGS, FL 32145

SUBJECT: EVANS SUPPORT SERVICES, P.A.
Ref. Number: W09000035361

We have received your document for EVANS SUPPORT SERVICES, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the corrected 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 909A00026617

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: Evans Support Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

107 East Ashland Avenue
Hastings, Florida 32145

P.O. Box 1339
Hastings, Florida 32145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Assist persons with disabilities live healthy and meaningful lives."

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Betty C. Evans, President/Owner
P.O. Box 1339
Hastings, Florida 32145

Arkeelia Evans, Secretary
P.O. Box 1339
Hastings, Florida 32145

ARTICLE VI REGISTERED AGENT

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

Betty C. Evans
107 East Ashland Avenue
Hastings, Florida 32145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Betty C. Evans
107 East Ashland Avenue
Hastings, Florida 32145

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

Betty C. Evans
Signature/Registered Agent

Betty C. Evans
Signature/Incorporator

8-10-09
Date

8-10-09
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA