

P1100000692602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

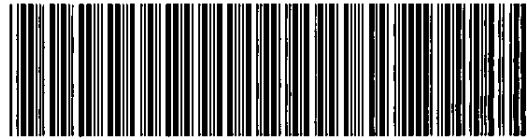
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/13/11--01037--002 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG - 1 PM 2:05

WH-32210  
PS 8/2/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 AUG -1 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 28, 2011

ANTONIO EVANOFF  
2765 CHARTRES AVE  
MELBOURNE, FL 32934

2ND MAILING

SUBJECT: E G CUSTOMS INC.  
Ref. Number: W11000032210

We have received your document for E G CUSTOMS INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please state the new name in Article I.

Please return 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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 911A00014463

RECEIVED  
AUG 11 AM 9:47  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: EG Customs Inc.  
(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: Antonio Evanoff  
Name (Printed or typed)

2765 Chartres Ave  
Address

Melbourne, FL 32934  
City, State & Zip

321-427-5878  
Daytime Telephone number

\_\_\_\_\_  
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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Antonio Evanoff Customs Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

710 Washburn Rd  
Melbourne, FL  
32934

Mailing address, if different is:

2765 Chartres Ave  
Melbourne, FL  
32934

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Custom Audio & Video

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares

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

Name and Title: Antonio Evanoff CEO  
Address: 2765 Chartres Ave  
Melbourne, FL  
32934

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Antonio Evanoff  
Address: 710 Washburn Rd  
Melbourne, FL 32934

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Antonio Evanoff  
Address: 2765 Chartres Ave  
Melbourne, FL 32934

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]  
Required Signature/Registered Agent

6/7/11  
Date

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

[Signature]  
Required Signature/Incorporator

6/7/11  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG - 1 PM 2:05