

P1200007875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

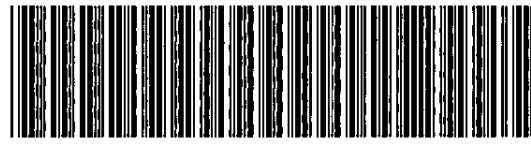
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/12--01030--023 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 23 AM 11:07

Ps 1/24/12



January 18, 2012

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

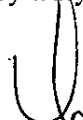
RE: evoPro Solutions, Inc.

Dear Sir/Madame:

Enclosed herewith please find the original and one copy of Articles of Incorporation for evoPro Solutions, Inc., together with a check in the amount of \$87.50 to cover the cost of the filing fee, certified copy and Certificate of Status.

A self-addressed envelope is also enclosed for your use in returning the Certified Copy and Certificate of Status to my office. Thank you.

Very truly yours,



Vincent A. Paradis

VAP/rb

Enclosures

COVER LETTER

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

SUBJECT: evoPro Solutions, 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: Michael Trahan
Name (Printed or typed)
59 Rathe Road
Address
Colchester, VT 05446
City, State & Zip
(802) 655-8347
Daytime Telephone number
mtrahan@isystemsllc.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 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 23 AM 11:07

ARTICLE I NAME

The name of the corporation shall be: *evopro Solutions, Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address
1718 Main Street, Suite 202
Sarasota, FL 34236

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Financial and consulting services.*

ARTICLE IV SHARES

The number of shares of stock is: *10,000*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Michael Trahan, CEO*
Address: *59 Rathe Road*
Colchester, VT 05446

Name and Title: *Michael Trahan, Treasurer*
Address: *59 Rathe Road*
Colchester, VT 05446

Name and Title: *David Meagher, President*
Address: *59 Rathe Road*
Colchester, VT 05446

Name and Title: _____
Address: _____

Name and Title: *Desiree Trahan, Secretary*
Address: *59 Rathe Road*
Colchester, VT 05446

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: *Gus Van Dender*
Address: *1718 Main Street, Suite 202*
Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Michael Trahan*
Address: *59 Rathe Road*
Colchester, VT 05446

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

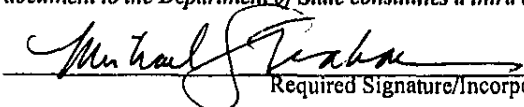


Required Signature/Registered Agent

1/6/12

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.



Required Signature/Incorporator

1/6/12

Date