

712000078879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

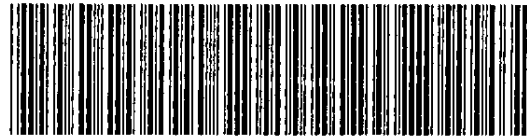
(Business Entity Name)

(Document Number)

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

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Office Use Only



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12 AUG 17 PM 4:55

12 SEP 17 AM 10:37

W12-43761  
in English



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2012

RAFAEL LAINEZ  
313 LAKESIDE CT  
SUNRISE, FL 33326

SUBJECT: EVOLUCION NATURAL, INC  
Ref. Number: W12000043361

We have received your document for EVOLUCION NATURAL, 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00021367

RECEIVED

12 SEP 17 AM 11:54

DIVISION OF CORPORATIONS

Sunrise, September 13, 2012

DIVISION OF CORPORATIONS

P.O. BOX 6327

Tallahassee, FL 32314

Att: Justin Shivers

**REFERENCE # P04000119416**

Dear Justin:

Per my conversation today September 13 with Jessica, I am authorizing the use of the name EVOLUCION NATURAL, INC.

Sincerely,



RAFAEL LAINEZ

313 Lakeside Ct.

Sunrise FL 33326

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

**ARTICLE I NAME** EVOLUCION NATURAL, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
313 LAKESIDE COURT  
SUNRISE, FL 33326

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: RAFAEL LAINEZ - PRESIDENT  
Address: 313 LAKESIDE COURT  
SUNRISE, FL 33326

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

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

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

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

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: RAFAEL LAINEZ  
Address: 313 LAKESIDE COURT  
SUNRISE, FL 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

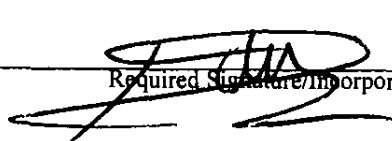
Name: RAFAEL LAINEZ  
Address: 313 LAKESIDE COURT  
SUNRISE, FL 33326

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

✓ 9-13-12  
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

✓ 9-13-12

FILED  
12 SEP 17 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA