

Ps 9/3/13

## COVER LETTER

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

SUBJECT: **EVER- SUN INTERNATIONAL 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: **DESMOND NICHOLSON**  
Name (Printed or typed)  
**11587 W. ATLANTIC BLVD SUITE 23**  
Address  
**CORAL SPRINGS, FL 33071**  
City, State & Zip  
**(954) 663-9898**  
Daytime Telephone number  
**DESINICJA@HOTMAIL.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

**ARTICLE I NAME**

The name of the corporation shall be: EVER - SUN INTERNATIONAL INC.

13 AUG 28 AM 10:43

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11587 W. ATLANTIC BLVD SUITE 23  
CORAL SPRINGS, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO CONDUCT ALL LEGAL BUSINESS IN THE STATE

**ARTICLE IV SHARES**

The number of shares of stock is: ONE HUNDRED

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

Name and Title: DESMOND NICHOLSON - PRESIDENT & TREASURER

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

Address 11587 W. ATLANTIC BLVD SUITE 23  
CORAL SPRINGS, FL 33071

Address: \_\_\_\_\_

Name and Title: JASMIN NICHOLSON - VICE PRESIDENT & SECRETARY

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

Address 11587 W. ATLANTIC BLVD SUITE 23  
CORAL SPRING, FL 33071

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 AUG 28 AM 10:43  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DESMOND NICHOLSON  
Address: 11587 W ATLANTIC BLVD STE 23  
CORAL SPRINGS, FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DESMOND NICHOLSON  
Address: 11587 W. ATLANTIC BLVD STE 23  
CORAL SPRINGS, FL 33071

*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

08/22/2013

\_\_\_\_\_  
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

08/22/2013

\_\_\_\_\_  
Date