

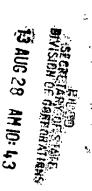
(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
,	,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Ps 9/3/13

COVER LETTER

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

SUBJECT: EVE	R- SUN INTER		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY 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)

ARTICLE I NAM The name of the corporat	ion shall be: EVER -	SUN INTE	ERNATIONAL	IN ENISION OF GOR	EGRATION
ARTICLE II PRII 11587 W. ATLA	VCIPAL OFFICE Principal <u>street</u> address INTIC BLVD SUI NGS, FL 3307	TE 23		1,3 AUG 28 A ing address, if different is	n 10+ 43
ARTICLE III PURI The purpose for which th	POSE ne corporation is organize	TO CONI	DUCT ALL LEGA	BUSINESS IN TH	E STATE
ARTICLE IV SHA The number of shares of s			28		
Name and Title Address	11587 W. ATLANTIC	BLVD SUITE 23	Name and Title: Address:		
Name and Title:	N 587 W. ATLANTIC	BLVD SUITE 23	Name and Title: Address:		
Name and Title: Address					
				<u></u>	

SECRETARY OF STATE

Address		Address:	
		_	
	REGISTERED AGENT	41 to a	•
	rida street address (P.O. Box NOT acceptable) of DESMOND NICHOLSON	the registered agent	IS:
Name:	11587 W ATLANTIC BLVD STE 23		
Address:	CORAL SPRINGS, FL 33071		
ARTICLE VII	INCORPORATOR		
The name and add	tress of the Incorporator is:		
Name:	DESMOND NICHOLSON		
Address:	11587 W. ATLANTIC BLVD STE 23		
	CORAL SPRINGS, FL 33071		
	ed as registered agent to accept service of process in familiar with and accept the appointment as regi		
			08/22/2013
	Required Signature/Registered Agent		Date
I submit this document to the Do	ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony	rue. I am aware the as provided for in s	at the false information submitted in a i.817.155, F.S.
			08/22/2013
	Required Signature/Incorporator		Date