

P/3000092262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

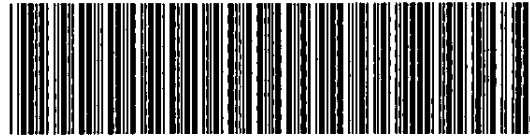
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV
(SHARES) TO READ "1",
PER TELEPHONE CONVERSATION
WITH ALEXIS EVANS.
K 11/13/13

Office Use Only



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11/12/13--01027--007 **78.75

FILING CANCELLED
RETURNED CHECK

FILED
13 NOV 12 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/13/13

COVER LETTER

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

SUBJECT: Evolution Divaz Co.

(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: Alexis Evans

Name (Printed or typed)

1445 N.W. 2nd st Bldg 38-2

Address

Fort Lauderdale, FL 33311

City, State & Zip

772-209-8047

Daytime Telephone number

truebossco@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED
RETURNED CHECK

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: Evolution Divaz, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1445 NW 2nd St
Bldg 38-2
Ft. Lauderdale, FL 33311

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexis Evans, President Name and Title: _____

Address: 1445 NW 2nd St Address: _____

Bldg 38-2

Ft. Lauderdale, FL
33311

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK (conti.)

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Alexis Evans
Address: 1445 NW 2nd St Bldg 38-2
Ft. Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alexis Evans
Address: 1445 NW 2nd St Bldg 38-2
Ft. Lauderdale, FL 33311

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TALLAHASSEE, FLORIDA

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

11/6/13
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

11/6/13
Date