

P14000098349

\_\_\_\_\_  
(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:

Office Use Only



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TALLAHASSEE  
FLORIDA

12/9/14 ch

## COVER LETTER

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

SUBJECT: EVIA Enterprises 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: John Ioannides  
Name (Printed or typed)

Address 7137 St. Andrews Rd

Lake Worth, FL 33467  
City, State & Zip

561-723-3456  
Daytime Telephone number

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

CeciliaIannides@gmail.com

**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 NAME**

The name of the corporation shall be: EVIA Enterprises Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7137 St. Andrews Rd

Lake Worth, FL 33467

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide service to  
public and private sectors

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: John Ioannides  
President  
Address: 7137 St. Andrews Rd  
Lake Worth, FL  
33467

Name and Title: Cecilia Ioannides  
Secretary  
Address: 7137 St. Andrews Rd  
Lake Worth, FL  
33467

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

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

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

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

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

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

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TILAMOST, FL 33467  
(cont.)

**ARTICLE VI REGISTERED AGENT**

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

Name: John Ioannides  
Address: 7137 St Andrews Rd  
Lake Worth, FL 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

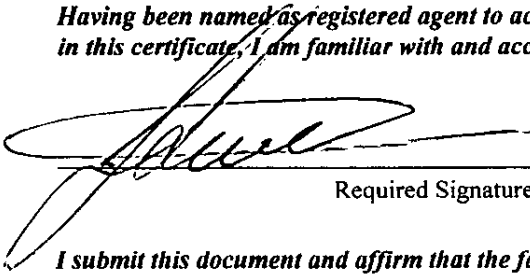
Name:

Cecilia Ioannides

Address:

7137 St. Andrews Rd  
Lake Worth, FL 33467

*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*



John Ioannides

Required Signature/Registered Agent

12/3/14

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.*

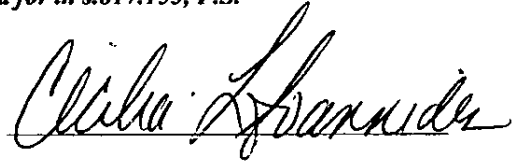
Cecilia Ioannides

Required Signature/Incorporator

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Date

Dec 2014



Article  
VIII

EFFECTIVE DATE

January 1, 2015

14 DEC -8 PM 11:47  
FILE  
DAD: JAMES F. F. O'NEILL