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COVER LETTER

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

SUBJECT: **EVELYN ROSE, 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: **Gloria Rosen**

Name (Printed or typed)

8299 Seahorse Cove Blvd.

Address

Lake Worth, Florida 33467

City, State & Zip

305-915-1000

Daytime Telephone number

gloriarosen1@yahoo.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 NAME

The name of the corporation shall be: EVELYN ROSE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8299 Seahorse Cove Blvd.
Lake Worth, Florida 33467

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gloria Rosen, Pres/Sec/Treas/Director

Address 8299 Seahorse Cove Blvd.
Lake Worth, Florida 33467

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Gloria Rosen
Address: 8299 Seahorse Cove Blvd.
Lake Worth, Fl. 33467

ARTICLE VII INCORPORATOR

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

Name: Gloria Rosen
Address: 8299 Seahorse Cove Blvd.
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

Gloria Rosen
Required Signature/Registered Agent

January 23, 2015
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.

Gloria Rosen
Required Signature/Incorporator

January 23, 2015
Date