7/50000/7973

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700269714017

02/23/15--01028--022 **78.75

EFFECTIVE DATE 02/19/15

COVER LETTER

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

SUBJECT:	Evelyn tiegt	Per Low.	Inc.	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	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	
FROM:	Evely- Zie	Printed or typed)		
224 Deturs St., Svite 1311 Address				
	West Palm City,	Besch, F State & Zip	2 33401	
	561-8	-	(p	
	Daytime To	elephone number	 	

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

EVIEZIEG QAOL. Com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	on shall be: Evelyn 3	Ziegler Law Inc.	
ARTICLE II PRIN	CIPAL OFFICE rincipal <u>street</u> address	() Mailing address,	if different is:
WPB F	Suito 1311 2 33401		
ARTICLE III PURP The purpose for which the	OSE corporation is organized is: Pro	vide legal server to clients.	ices of
			SECRETARY OF COR
Effective D	>te: 2/19/15		PH 3: 32
ARTICLE IV SHAR The number of shares of st	RES ock is: 100		
	Evelya Ziejler		dent
Address _	224 Dator St Svide 1311 NPB F- 334	Address:	
Name and Title:_		Name and Title:	
Address _		Address:	
Name and Title:_		Name and Title:	
Address		Address:	
_			

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: <u>Evelyn Ziegle</u>	el
Address: 224 Dates S	
WPB FL 3 ARTICLE VII INCORPORATOR	FILEU FILEU STATE STON OF CORPORATION: 32 FEB 23 PM 3: 32
The <u>name and address</u> of the Incorporator is:	0RA QRA
Name: Evely Fieg1	STATE ORATION: 3: 32
Address: 224 D. turs, WPB FL	5, S.: te 1311 33401
this certificate, I am familiar with and accept the appoi	ice of process for the above stated corporation at the place designated in interest as registered agent and agree to act in this capacity
Required Signature/Registere	ed Agent Date
	ed herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
Required Signature/Incorp	Date Date