P150000441486

(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:				





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15 MAY 18 PHIZ: 28

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COVER LETTER

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

EVOLY SUBJECT:	VE BOATS USA CORPORA	ATION	
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee. & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	ARCIO SCHILLING	e (Printed or typed)	
331	I1 NE 17 CT		
FO	RT LAUDERDALE, FL 333	Address 05	
054	•	State & Zip	
954	1-278-2326	Celephone number	
ma	rcioschilling@gmail.com	erephone number	
	E-mail address: (to be use	ed for future annual report	notification)

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



April 28, 2015

MARCIO SCHILLING 3311 N.E. 17TH CT. FT.LAUDERDALE, FL 33305

SUBJECT: EVOLVE BOATS USA CORPORATION

Ref. Number: W15000029815

We have received your document for EVOLVE BOATS USA CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 615A00008623

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

e name of the corpor	EVOLVE BOATS USA Cation shall be:	
RTICLE II PR 311 NE 17 CT	INCIPAL OFFICE Principal street address	Mailing address, if different is: 2
ORT LAUDERD	OALE, FL 33305	
	The Corporation is organized is: or all lawful business for corporatio	oration is organized for the purpose of ns organized under the
orida Business	Corporation Act of the State of Flo	rida.
RTICLE IV SH	ARES 1000	
e number of shares o		
e number of shares o	stock is:	Name and Title:
e number of shares o	TIAL OFFICERS AND/OR DIRECTORS MARCIO SCHILLING - DIRECT BY STATE OF THE STATE OF	
e number of shares o RTICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTORS MARCIO SCHILLING - DIRECT e:	Name and Title:
RTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS MARCIO SCHILLING - DIRECT 3311 NE 17 CT FORT LAUDERDALE, FL 33305	Name and Title: Address:
RTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS MARCIO SCHILLING - DIRECT 3311 NE 17 CT FORT LAUDERDALE, FL 33305	Name and Title: Address: Name and Title:
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTORS MARCIO SCHILLING - DIRECT 3311 NE 17 CT FORT LAUDERDALE, FL 33305	Name and Title: Address: Name and Title:
Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS MARCIO SCHILLING - DIRECT e: 3311 NE 17 CT FORT LAUDERDALE, FL 33305	Name and Title: Address: Name and Title:

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
	MARCIO SCHILLING	
Name: Address:	3311 NE 17 CT	
	FORT LAUDERDALE, FL 33305	
ARTICLE VII	INCORPORATOR	SE B
The name and ac	Idress of the Incorporator is:	
Name:	MARCIO SCHILLING	- Billion North State North S
Address:	3311 NE 17 CT	
	FORT LAUDERDALE, FL 33305	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Recorded Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon pequired Signature/Incorporator	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S. Date