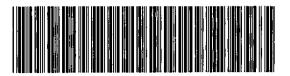
P15000091833

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	#)		
<u></u>	WAIT	MĄIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Certified Copies		of Status		

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900278290449

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10/22/15--01014--002 **78.75

TALLAN SOLUTION 1: 23

COVER LETTER

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

SUBJECT:	Evolution	Divaz Co.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 REQUIR			
	10. Box 1430	e (Printed or typed)	
. <u>F</u>	t. Lauderdah	<u>E FL 333(</u> State & Zip	S
	772-209 Daytime T	-8047 Gelephone number	
_e	E-mail address: (to be used	200 mail. C	otification)

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

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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:	Divaz Inc.
ARTICLE II PRINCIPAL OFFICE 1445 NW 2nd SF Blog. 38-2 Ft. Lauderdae FL 33311	P.D. Mailing address, if different is: P.D. BOX 14300 Ft. LOUGE/OLIE Ft. 33300
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any C	and all lawful business
	SEC.
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: AICXIS EVONS, CEO Address P.D. BOX 143010 Ft. LOUGEVOLULE FL. 33303	6.3
Name and Title: Address	Name and Title: Address:
Name and Title:Address	Name and Title:

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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name: Alexis Evans	
Address: 1445 NW and	et Blag-38-2
Ft. Lauderda	le FL33311
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: A. Evans	
Address: P.D. BOX 143	1000
Ft. Lauderd	ale FL33300
	11-DI-2015/ Cilais Bran
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	ale FL33300 11-01-2015 (alais 3vas
(If an effective date is listed, the date must be spo days after the filing.)	ecific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
Office grows	10-18-15
Required Signature/Regis	stered Agent Date
I submit this document and affirm that the facts s document to the Department of State constitutes a to	tated herein are true. I am aware that the false information submitted in a hird degree felony as provided for in s.817.155, F.S.
Glever Carus	10-18-15
Required Signature/Incorporator	Date

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November 9, 2015

Evolution Divaz Inc. PO BOX 14306 Fort Lauderdale, FL 33302

RE: AFFIDAVIT TO RELEASE NAME

To whom it may concern,

I am releasing EVOLUTION DIVAZ CO. with no intent to reinstate. Please release the name.

Thank you,

Álexis Evans

CEO

SEGRETARY OF STATES.
TALL AHASSEE, FLORIES.
15 NOV 12 PM 1: 23

Please See Reused Forms



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2015

ALEXIS EVANS 1445 NW 2ND ST BLDG 38-2 FT LAUDERDALE, FL 33311

SUBJECT: EVOLUTION DIVAZ Ref. Number: W15000071420

SECRETARY OF SIGNER FALLAHASSEE, FLORISA

We have received your document for EVOLUTION DIVAZ and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 315A00022835