

P16000039787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

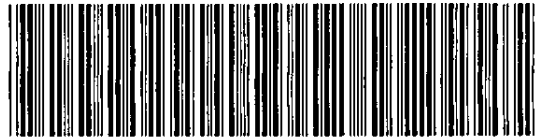
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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04/27/16--01002--010 **750.00

FILED
16 MAY -5 AM 8:21
TALLAHASSEE FLORIDA

RN
5/9

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COVER LETTER

16 MAY -6 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Evap Restoration, 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: Frank Blanco
Name (Printed or typed)
12973 SW 112th Street, #161
Address
Miami, FL 33186
City, State & Zip
786-334-3307
Daytime Telephone number
evaprestoration@gmail.com
E-mail address: (to be used for future annual report notification)

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)

16 MAY -6 AM 8:32

ARTICLE I NAME

The name of the corporation shall be: Evap Restoration, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
12973 SW 112th Street, #161
Miami, FL 33186

Mailing address, if different is:
12973 SW 112th Street, #161
Miami, FL, 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Water mitigation and dry out. Mold remediation, Fire restorations and cleaning damaged properties.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Frank Blanco - President	Name and Title:	
Address	12973 SW 112th Street, #161	Address:	
	Miami, FL 33186		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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16 MAY -6 AM 8:32

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: Frank Blanco
Address: 12973 SW 112th Street, #161
Miami, FL 33186

ARTICLE VII INCORPORATOR

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

Name: Frank Blanco
Address: 12973 SW 112th Street, #161
Miami, FL 33186

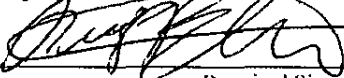
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

5-4-16

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.



Required Signature/Incorporator

5-4-16

Date

EVAP RESTORATION, INC. 03-16 13301 SW 132ND AVE., UNIT 213 MIAMI, FL 33186 6197		1051
PAY TO THE ORDER OF	Department of State	DATE 4-20-16
Seven Hundred - Fifty	\$750.00	
CHASE		
FOR Document # (15000017507)		
⑆001051⑆ ⑆26708413⑆ 699912775⑆		

#1
 Posting Date: 20160428
 Sequence Number: 5480476297
 Amount: \$750.00
 Account: 699912775
 Routing Transit Number: 26708413
 Check/Serial Number: 000000001051
 Bank Number: 21
 IRD Indicator: 0
 BOFD: 000000000
 Capture Source: PV
 Entry Number: 0000003714
 UDK: 21160428005480476297
 Cost Center:
 Teller Number:
 Teller Sequence Number:
 Missing Image: 5
 PE Indicator: N
 Application Code: 1
 Trancode: 000000
 DB/CR: DB
 Item Type: P
 Processing Date:

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I would like to request a refund of these funds. I would like the filling cost to be used from these funds and a refund on the difference

Thank You
 -Frank Blanco-