

P16 000040570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

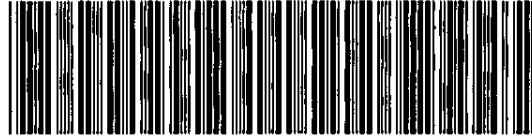
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TALLAHASSEE, FLORIDA

W46-25487

05-11-16

COVER LETTER

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

SUBJECT: EVEN MARKETING CONSULTING INT.
(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
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 REQUIRED

FROM: EVELYN DE LEPAGE
Name (Printed or typed)

6995 NW 186 ST. APT. E305
Address

MIAMI, FL 33015
City, State & Zip

786.942.0511
Daytime Telephone number

EVELYN-808@hotmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2016

EVELYN DE LEPAGE
6995 NW 186 ST APT E305
MIAMI, FL 33015

SUBJECT: EVEN MARKETING CONSULTING INT.
Ref. Number: W16000028487

We have received your document for EVEN MARKETING CONSULTING INT. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 216A00007949

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: EVEN MARKETING CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6995 NW 186 ST. APT E305
MIAMI, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ADVISE CORPORATIONS
ON HOW IMPROVE & MARKET THEIR
MERCHANDISE OR BUSINESS AND IMPROVE
THEIR SALES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EVELYN DE LEPAGE
OWNER

Name and Title: _____

Address 6995 NW 186 ST
APT. E305
MIAMI, FL 33015

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: EVELY de LEPAGE
Address: 6945 NW 186 ST APT. E305
MIAMI, FL 33015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: EVEN MARKETING CONSULTING INC.
Address: 6945 NW 186 ST. APT E305
MIAMI, FL 33015

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

Evely de Lepage
Required Signature/Registered Agent

4/02/2016
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.

Evely de Lepage
Required Signature/Incorporator

4/02/2016
Date