P16000 90538

(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:
Special mediations to 1 ming embor.





900291937879

11/07/16--01018--013 **70.00



COVER LETTER

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

c Co.				
E NAME – <u>MUST INCL</u> I	JDE SUFFIX)			
eles of incorporation and	l a check for:			
☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status			
ADDITIONAL CO	PY REQUIRED			
OSter (Printed or typed) deral Hwy.				
5+vart, Fl 34997 City. State & Zip				
lephone number te@gmail.co				
	eles of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO Printed or typed) Address \$4997 State & Zip			

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

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

TRANSPORT THE INTERIOR SHAPE The name of the corporation shall	be: EVINERGY	Electric	<u>Co.</u>
IRTICLE II PRINCIPAL OF Principal	FFICE street address	Mai	ing address, if different is:
4275 SE Feb Stuart, Fl 3	deral Hwy		same
Stuart, F1 3	4997		
ARTICLE III PURPOSE The purpose for which the corpor	ration is organized is:		
RTICLE V INITIAL OFFICE Name and Title:	1 Foster Pres.	Name and Title:	
ne number of shares of stock is: **RTICLE V INITIAL OFFICE** Name and Title: Pau Address 427	CERS AND/OR DIRECTORS	Name and Title:	
Name and Title: You Address 540	cers and/or directors 1 Foster Pres. 5 SE federal Ho	Name and Title: Address:	
Name and Title: You Address 54v	cers and/or directors 1 Foster Pres. 5 SE federal Ho owt, F/ 34997	Name and Title: Address: Name and Title:	
Name and Title: Name and Title: Address Name and Title: Address Address	cers and or directors 1 Foster Pres. 5 SE federal Ho art, F/ 34997	Name and Title: Address: Name and Title: Address: Address:	
Name and Title: You Address Name and Title: You Show Address Name and Title: Address	CERS AND/OR DIRECTORS 1 Foster Press. 5 SE federal Howart, F/ 34997	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and Title:	Name and Title;
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	NOT was small at a fith a region and assume in
Name: Paul Foster	NOT acceptance) of the registered agent is:
	leral Hwy
Address: 4275 SE Fact Stuart, F1 3	2499 7
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: You toste	<u></u>
Address: 4275 SE 1	Federal Hury
Name: Paul Foste Address: 4275 SE 1 Stuart, Fl	34997
<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing: (If an effective date is listed, the date must be filing.)	11-4-16 (OPTIONAL) specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
this certificate, I am familiar with and accept th	pt service of process for the above stated corporation at the place designated in e appointment as registered agent and agree to act in this capacity
O. Fort	11-4-16
Required Signature/R	legistered Agent Date
	ets stated herein are true. I am aware that the false information submitted in a sa third degree felony as provided for in s.817.155, F.S.
Gtort	11-4-16 Date
Required Signature/Incorporator	Date

.