

P170000/6818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

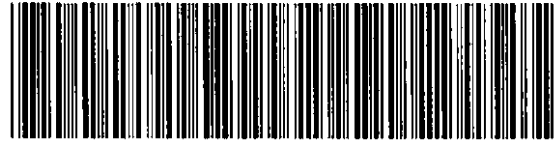
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500294887105

02/21/17--01014 -016 **28.75

FILED
17 FEB 21 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/23/17

DIV OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FEB 9, 2017

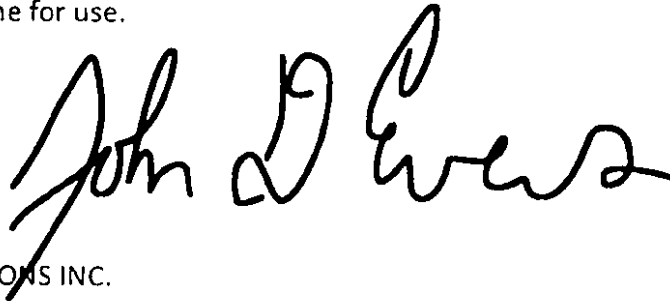
JOHN D. EVERS
3401 41ST AVE NE
NAPLES, FL 34120

ATTN: FL DEPT OF STATE, DIV OF CORPORATIONS

Enclosed is my application to incorporate EVERS HOME SOLUTIONS INC. I understand that I previously filed EVERS HOME SOLUTIONS LLC (16000016564) with myself as the principal officer.

I have dissolved EVERS HOME SOLUTIONS LLC, I have no intention to revoke the dissolution, and I release the name for use.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Evers". The signature is fluid and cursive, with the first name "John" being the most prominent.

John D. Evers
EVERS HOME SOLUTIONS INC.

FILED
17 FEB 21 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EVERS HOME SOLUTIONS 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOHN D. EVERS
Name (Printed or typed)

3401 41ST AVE NE
Address

NAPLES, FL 34120
City, State & Zip

888-905-7380
Daytime Telephone number

FLINCORPORATION@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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. (Profit)

ARTICLE I NAME

The name of the corporation shall be: EVERS HOME SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3401 41ST AVE NE
NAPLES, FL 34120

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

FILED
17 FEB 21 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN D. EVERS, PRESIDENT

Name and Title: _____

Address: 3401 41ST AVE NE

Address: _____

NAPLES, FL 34120

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: JOHN D. EVERS
Address: 3401 41ST AVE NE
NAPLES, FL 34120

FILED
17 FEB 21 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JOHN D. EVERS
Address: 3401 41ST AVE NE
NAPLES, FL 34120

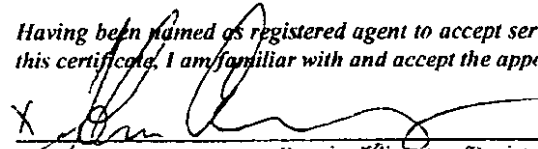
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (OPTIONAL)

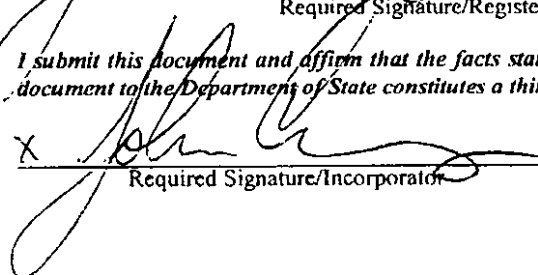
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

X  _____ JAN 27, 2017
Required Signature/Registered Agent 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.

X  _____ JAN 27, 2017
Required Signature/Incorporator Date