# P17000089682

(Re	equestor's Name)	
(Ac	idress)	<u> </u>
•	•	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
_		_
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
,	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Cities Officer	
Special instructions to	Filing Officer.	

Office Use Only



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## FILING CANCELLED RETURNED CHECK

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#### **COVER LETTER**

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

### FILING CANCELLED RETURNED CHECK

SUBJECT: E V	npire mu		up inc	
	(PROPOSED CORPORA	ATÊ NAME – <u>MÛST INCL</u> I	UDE SUFFIX)	21.1.103
Enclosed are an origi	nal and one (1) copy of the art	ticles of incorporation and	I a check for:	
S70.00 Filing Fee	`\$78.75 Fining Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status	77
		ADDITIONAL CO	DPY REQUIRED	
FROM:	amal M Fr	e (Printed or typed)		2
3	•	127 South	Stewalt	St vinte 80
Q1	Sincy FL	State & Zip		
(8	(SO) 743 65 Daytime 1	24 Telephone number		
UF	State.Music E-mail address: (to be use	SOUP 20	1609ma, 1	. com

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: EVAPICE	MISIC 9 POUP INCOSPOR		
ARTICLE II PRINCIPAL OFFICE  PRINCIPAL OFFICE  ARTICLE II PRINCIPAL OFFICE			
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	FILING CANCELLED RETURNED CHECK		
ARTICLE V SHARES The number of shares of stock is: 20,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: January Frank;  Address 3206 W15+ 9466  Tallanger	Name and Title: 15  Address: C.:		
Address			
Name and Title:Address	Name and Title:Address:		

Name and Title: DONG TYON KIN Name and Title:	Leo
Address 3208WCS+ Oxate CtAddress:	
Tallahasse FL-32304	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered age	FILING CANCELLEI
	THE RETURNED CHECK
Name: Jamal Franklin	
Address: 3208 West gate 1+	
Tallahassel FLB2304	8.3
121/00/00	. 3
ADDICATE IN CORPORATE TOP	Ţ\$
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	. 55 7-
Name: Jamal Franklin	
Address: 427 South Stewart St	:
Quincy FL 32304	<b>C</b> ;
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than filing.)	PTIONAL) five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable statutory filing return the document's effective date on the Department of State's records.	equirements, this date will not be listed as
Having been named as registered agent to accept service of process for the above sthis certificate, I am familiar with and accept the appointment as registered agent an	tated corporation at the place designated in d agree to act in this capacity
	11-8-17
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am awa document to the Department of State constitutes a third degree felony as provided fo	re that the false information submitted in a r in s.817.155, F.S.
accument to the Department of State Consumes a time well-collection, as provinces y	11 617
The mind Cinnow Angerran	1 1 - 8 1 / Date
Required Signature/Incorporator	D 41.0