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SEAL DEPT OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2018

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Earth Evocation Inc.

Signature _____

Requested by: Seth

09/24/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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: Earth Evocation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

810 Indiana Ave

Tampa, FL 33603

Mailing address, if different is:

810 Indiana Ave

Tampa, FL 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any lawful purpose or purposes pursuant to Chapter 607, Fla. Stat.,
and any amendments thereto.

ARTICLE IV SHARES

The number of shares of stock is: 7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joe Scott, President

Address: 810 Indiana Ave

Tampa, FL 33603

Name and Title: Dave Scott, V.P.

Address: 810 Indiana Ave

Tampa, FL 33603

Name and Title: Dave Scott, Treasurer

Address: 810 Indiana Ave

Tampa, FL 33603

Name and Title: Dave Scott, Secretary

Address: 810 Indiana Ave

Tampa, FL 33603

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: R. Jeffrey Stull, Esquire
Address: 602 South Boulevard
Tampa, FL 33606

ARTICLE VII INCORPORATOR

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

Name: R. Jeffrey Stull, Esquire
Address: 602 South Boulevard
Tampa, FL 33606

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TALLAHASSEE, FLORIDA

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 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.

R. Jeffrey Stull
Required Signature/Registered Agent

9/24/18
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.

R. Jeffrey Stull
Required Signature/Incorporator

9/24/18
Date