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(Business Entity Name)

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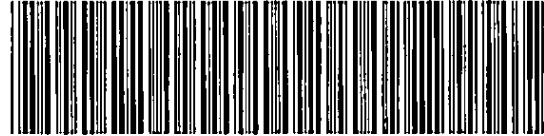
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Nicole D.Evans Enterprises,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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Nicole D Evans Enterprises,Inc.
Name (Printed or typed)

2319 University Blvd.W.
Address

Jacksonville,FL 32217
City, State & Zip

701-690-0112
Daytime Telephone number

colorgoddess281@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: Nicole D Evans Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2319 University Blvd. West
Jacksonville, FL 32217

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shs.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole D Evans, Director

Name and Title: _____

Address 2319 University Blvd. West
Jacksonville, FL 32217

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, 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: Nicole D Evans

Address: 2319 University Blvd. West

Jacksonville, FL 32217

ARTICLE VII INCORPORATOR

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

Name: Nicole D Evans

Address: 2319 University Blvd. West

Jacksonville, FL 32217

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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

Nicole D Evans

Required Signature/Registered Agent

2-14-19

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.

Nicole D Evans

Required Signature/Incorporator

2-14-19

Date