

Division of Corporations

Electronics Division

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000315223 3)))



H190003152233ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 24 PM 2:39

770

FLORIDA PROFIT/NON PROFIT CORPORATION
EVARVAND CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

[Electronic Filing Menu](#) · [Corporate Filing Menu](#)

Help

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

ARTICLE I NAME EVARVAND CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6447 MIAMI LAKES DR EAST STE 103F

MIAMI LAKES, FL 33014

ARTICLE III PURPOSE

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

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOURDES SOFIA MARTINEZ (P)

Name and Title: _____

Address 6447 MIAMI LAKES DR EAST

Address: _____

STE 103F

MIAMI LAKES, FL 33014

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

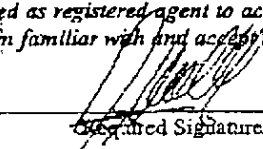
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

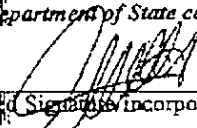
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: LOURDES SOFIA MARTINEZAddress: 6447 MIAMI LAKES DR EAST STE 103FMIAMI LAKES, FL 33014**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LOURDES SOFIA MARTINEZAddress: 6447 MIAMI LAKES DR EAST STE 103FMIAMI LAKES, FL 33014**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*

Required Signature/Registered Agent10/23/2019

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.*

Required Signature/Incorporator10/23/2019

Date