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TO: DIVISION OF CORPORATIONS
FAX: (850) 617-6381
ACCOUNT NAME: LAZARUS CORPORATE FILING SERVICE, INC.
ACCOUNT NUMBER: I20000000019
PHONE: (305) 552-5973
FAX NUMBER: (305) 675-5944

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

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

SECRETARY OF STATE
TALLAHASSEE FL

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EVOLVE TRADING CORP**

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

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JAN 13 2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EVOLVE TRADING CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8333 NW 53RD ST SUITE 450
DORAL, FL 33166

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

(P) FABIAN TORRES

(VP) SERGIO ORLANDO LOAYZA MENDOZA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

FABIAN TORRES

8333 NW 53RD ST SUITE 450
DORAL, FL 33166

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

FABIAN TORRES

8333 NW 53RD ST SUITE 450
DORAL, FL 33166

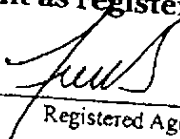
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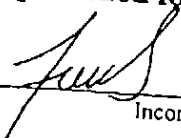
Required Signatures:

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



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.



Incorporator_____
Date**FILED****2020 JAN 10 AM 9:22****SECRETARY OF STATE
TALLAHASSEE, FL**