

P210000058998

(FAX TRANSMISSION TO (850) 617-6381) Pages: 4
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

TALLAHASSEE, FL

STATE

2021 JUN 23 AM 8:35

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FLORIDA PROFIT/NON PROFIT CORPORATION
EVA PROPERTY CORP

Certificate of Status	0
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Page Count	05
Estimated Charge	\$70.00

2021 JUN 23 PM 2:25

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: EVA PROPERTY CORP
(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: AILYN CABRERA

Name (Printed or typed)

8335 NW 64TH ST SUITE #1

Address

MIAMI, FL 33166-2601

City, State & Zip

305-409-9291

Daytime Telephone number

vc@pegasuslandsurveyors.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

TALLAHASSEE, FL
STATE

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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: EVA PROPERTY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
8335 NW 84TH ST SUITE #1
MIAMI, FL 33166-2801

Mailing address, if different is:

8335 NW 84TH ST SUITE #1
MIAMI, FL 33166-2801

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AILYN CABRERA

Name and Title: PRESIDENT

Address 9551 NW 26TH PLACE
SUNRISE, FL 33326

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: LAMADRID FINANCIAL SERVICES CORP
Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AILYN CABRERA
Address: 9551 NW 26TH PLACE
SUNRISE, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/23/2021 (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

ALEXIS LAMADRID

Required Signature/Registered Agent

06/23/2021

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.

AILYN CABRERA

Required Signature/Incorporator

06/23/2021

Date

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