

P22000018096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

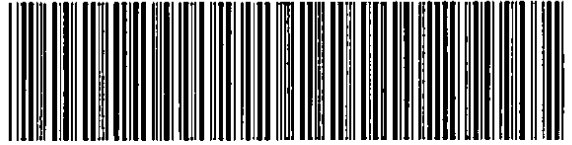
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **March 08, 2022**

Account#: 1200000000088

Name: **GREG PINTACUDA**

Reference #: **1618914**

Entity Name: **EVEREST ACQUISITION CO.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

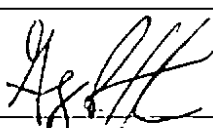
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$70**

Signature: 

COVER LETTER

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

SUBJECT: Everest Acquisition Co.
(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: Aneeta Iqbal
Name (Printed or typed)
c/o Norton Rose Fulbright US LLP, 1301 Avenue of the Americas
Address
New York, NY 10019
City, State & Zip
1-212-318-3187
Daytime Telephone number
aneeta.iqbal@nortonrosefulbright.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:

Everest Acquisition Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

880 Carillon Parkway,

St. Petersburg, FL 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Common/\$.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Horace Carter, Secretary & VP

Name and Title:

Address 880 Carillon Parkway,

Address:

St. Petersburg, FL 33716

Name and Title: Jim Sickling, President

Name and Title:

Address 880 Carillon Parkway,

Address:

St. Petersburg, FL 33716

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: COGENCY GLOBAL INC.
Address: 115 North Calhoun Street, Suite 4
Tallahassee, FL 32301

ED
MAR 9 - 9 PM 3:10
STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anceta Iqbal
Address: 1301 Avenue of Americas,
New York, NY 10019

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

/s/Tracy Giumarra

March 8, 2022

Required Signature/Registered Agent
COGENCY GLOBAL INC. - Tracy Giumarra, Assistant Secretary

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/Incorporator

March 8, 2022

Date