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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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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
ABA EVOLUTION MIAMI INC.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ABA EVOLUTION MIAMI INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

16804 SW 137th Ave #1031

Miami FL 33177

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MARIANDYD CANALS (P)

16804 SW 137th Ave #1031

Miami FL 33177

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MARIANDYD CANALS, 16804 SW 137th Ave #1031 Miami FL 33177

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

Mariandyd Canals

16804 SW 137th Ave #1031

Miami Florida 33177

2022 AUG 22 AM 12:08

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

Manandyd Canals
Registered Agent

August 19-2022
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.

Manandyd Canals
Incorporator

August 19-2022
Date

2022 AUG 23 AM 2:08