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.

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Division of Corporations

Fax Number : (850)617-5381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

| mail Address: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION EVOLUTION NURSE REGISTRY INC.

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Electronic Filing Menu Corporate Filing Menu

Help

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| ARTICLES OF INCORPORATION In compliance with Chapter 6 or 6 |
|---|
| Effective III 2023 |
| - $ -$ |
| ARTICLE I NAME: The name of the corporation in: |
| - Cual + |
| COOLDIAN PURSE Registry 700 |
| ARTICLE II PROPERTY |
| ARTICLE I NAME: The name of the corporation in: Evolution Purse Registry Inc. 2. ARTICLE II PRINCIPAL OFFICE: |
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| Pembroke Pines FL =3024 |
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| ARTICLE III SHAPES TO |
| The number of all |
| ARTICLE III SHARES: The number of shares of stock is: 100 |
| |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS |
| |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Alber Casola Presiden |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Alber Casola President ARTICLE V INITIAL REGISTERED AGENT AND STREET IDDRESS: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET DDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Alber Casola President ARTICLE V INITIAL REGISTERED AGENT AND STREET IDDRESS: |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET DDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Alber Casala 2002 Sugget Many Fl |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET DDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |

ARTICLE VI NCORPORATOR: The name and address of the Imporporator is: Alber Casola 2002 SW 97d MINTEL

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 12/23/22

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

2022 DEC 27 AH 8: 42
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