

P2300031410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

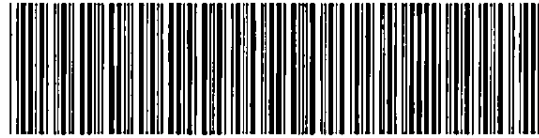
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 APR 19 AM 11:14  
SECURITY  
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2023 APR 19 PM 2:57  
ALL INFORMATION CONTAINED  
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DATE 04/19/23 BY 60322

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

70

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 4/19

**CERTIFIED COPY**

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**INC**

1. **EVOLVE 49 INC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: EVOLVE 49 INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6185 CENTRAL AVE

ST PETERSBURG, FL 33710

Mailing address, if different is:

4614 AVENUE LONGCHAMPS

LUTZ, FL 33558

**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: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NIRAV PATEL - PRESIDENT

Address: 6185 CENTRAL AVE  
ST PETERSBURG, FL 33710

Name and Title: PARAG SHAH - VICE PRESIDENT

Address: 6185 CENTRAL AVE  
ST PETERSBURG, FL 33710

Name and Title: TUSAR PATEL- SECRETARY

Address: 6185 CENTRAL AVE  
LARGO, FL 33771

Name and Title: PATHIK PATEL - TREASURER

Address: 6185 CENTRAL AVE  
ST PETERSBURG, FL 33710

Name and Title: PRASHANT PATEL- OFFICER

Address: 6185 CENTRAL AVE  
ST PETERSBURG, FL 33710

Name and Title: \_\_\_\_\_

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: NIRAV PATEL  
Address: 4614 AVENUE LONGCHAMPS  
LUTZ, FL 33558

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NIRAV PATEL  
Address: 4614 AVENUE LONGCHAMPS  
LUTZ, FL 33558

**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*

Nirav Patel  
Required Signature/Registered Agent

4/19/2023

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.*

Nirav Patel  
Required Signature/Incorporator

4/19/2023

Date

2023 APR 19 AM 11:16  
SEC. OF STATE  
TAMPA, FL