

P25600003580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

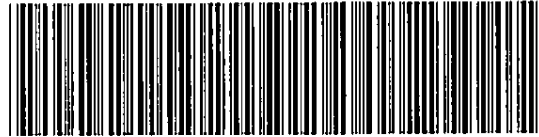
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900441818339

FILED

2025 JAN 21 AM 9:47

RECEIVED

2025 JAN 21 AM 11:14

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$78.75

Authorization Signature *Jan Yell*

EVO OPERATIONS INC

Business

#Document

Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copies of the articles

X Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ LLC  
\_\_\_\_ Domestication  
X INC  
\_\_\_\_ CORP  
\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A.  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Revocation of Dissolution  
\_\_\_\_ Conversion  
\_\_\_\_ Statement of Authority  
\_\_\_\_ Merger  
\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_ TRANSMITTAL LETTER  
\_\_\_\_ Fictitious Name  
\_\_\_\_ Statement of Authority  
\_\_\_\_ APOSTIL \_\_\_\_\_  
                                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign Filing  
\_\_\_\_ Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Statement of CORRECTION  
\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

2025 JAN 21 AM 9:47

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$78.75

Authorization Signature *Janet*

EVO OPERATIONS INC

Business

#Document

Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copies of the articles

X Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ LLC  
\_\_\_\_ Domestication  
X INC  
\_\_\_\_ CORP  
\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A.  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Revocation of Dissolution  
\_\_\_\_ Conversion  
\_\_\_\_ Statement of Authority  
\_\_\_\_ Merger  
\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_ TRANSMITTAL LETTER  
\_\_\_\_ Fictitious Name  
\_\_\_\_ Statement of Authority  
\_\_\_\_ APOSTIL \_\_\_\_\_  
                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign Filing  
\_\_\_\_ Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Statement of CORRECTION  
\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
TALLAHASSEE, FL  
JAN 21 2025

2025 JAN 21 AM 9:47

FILED

## COVER LETTER

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

SUBJECT: Evo Operations Inc

(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: Malachi Frazier

Name (Printed or typed)

1266 Royal Saint George Blvd

Address

Davenport, FL 33896

City, State & Zip

689-253-8852

Daytime Telephone number

Evooperationsinc@gmail.com

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

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

FILED

2007 JUN 21 AM 9:47  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**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: Evo Operations Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1266 Royal Saint George Blvd. Davenport FL 33896

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation aims to empower businesses  
and individuals by delivering innovative, tailored solutions that promote growth, efficiency, and  
long term success.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Malachi Frazier. President

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

Address 1266 Royal Saint George Blvd  
Davenport, FL 33896

Address: \_\_\_\_\_

Name and Title: Kendra Elliott Vice President

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

Address 1266 Royal Saint George Blvd  
Davenport, FL 33896

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2025 JAN 21 AM 9:47  
CLERK OF COURT  
JAN 21 2025

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: Kendra Elliott  
Address: 1266 Royal Saint George Blvd  
Davenport, FL 33896

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Kendra Elliott  
Address: 1266 Royal Saint George Blvd  
Davenport, FL 33896

FILED  
2025 JAN 21 AM 9:47  
CLERK OF COURT  
STATE OF FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 20, 2025. (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*



\_\_\_\_\_  
Required Signature/Registered Agent

1/20/25

\_\_\_\_\_  
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

1/20/25

\_\_\_\_\_  
Date