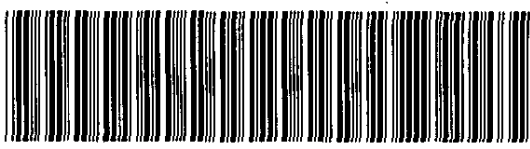


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(Requestor's Name)

(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:

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TALLAHASSEE FLORIDA

MPB
9/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AN-ANGEL-EMPORIUM INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ELIZABETH SHANAHAN
Name of Person

AN-ANGEL-EMPORIUM, INC.
Firm/Company

P.O. Box 105
Address

LAKE HELEN, FL 32744
City/State and Zip code

betsy@betsy.shanahan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETSY SHANAHAN at (407) 230-6967
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2009

ELIZABETH SHANAHAN
AN-ANGEL-EMPORIUM INC
PO BOX 105
LAKE HELEN, FL 32744

SUBJECT: AN-ANGEL-EMPORIUM INCORPORATED
Ref. Number: W09000038952

We have received your document for AN-ANGEL-EMPORIUM INCORPORATED. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 409A00029024

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AN-ANGEL-EMBARUM, Inc (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA (State or country under the law of which it is incorporated) 3. 27-0642859 (FEI number, if applicable)

4. JUNE 8, 2009 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 101 CONVENTION CENTER DRIVE SUITE 700, LAS VEGAS, NV 89109 (Principal office address)

SAME (Current mailing address)

8. INTERNET RETAIL SALES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ELIZABETH SHANAHAN

Office Address: 1145 STEVENS ST. #3

LAKE HELEN, Florida 32744 (City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Elizabeth Shanahan (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: _____ 09 SEP 15 PM 4:08

Address: _____ SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: ~~ELIZABETH SHAWHAN~~ NELLIE-MARIE CONNER

Address: P.O. Box 262
CASSADAGA, FL 32706

B. OFFICERS

President: NELLIE-MARIE CONNER

Address: P.O. Box 262
CASSADAGA, FL 32706

Vice President: _____

Address: _____

Secretary: ELIZABETH SHAWHAN

Address: 1145 STEVENS ST. #3, LAKE HELEN, FL 32744

Treasurer: ELIZABETH SHAWHAN

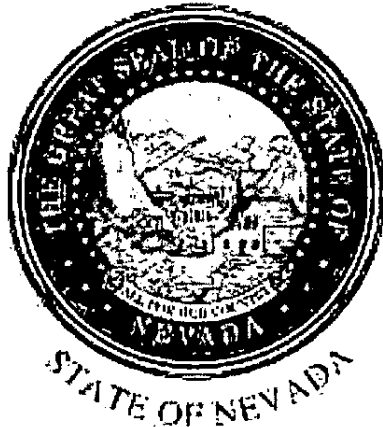
Address: 1145 STEVENS ST. #3, LAKE HELEN, FL 32744

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Nellie-Marie Conner
(Signature of Director or Officer listed in number 12 of the application)

14. NELLIE-MARIE CONNER, DIRECTOR
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



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SECRETARY OF STATE
TALLAHASSEE FLORIDA


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AN-ANGEL-EMPORIUM, INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 8, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 16, 2009.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20090716-2256
You may verify this electronic certificate
online at <http://www.nvsos.gov/>