N 11000006237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

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TALLAHASSEE, FLORIDA

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573 626

COVER LETTER

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

SUBJECT: CONSTRUCTION ANGELS
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: KRISTI RONYAK
Name (Printed or typed)

3640-B3 North Federal Highway Suite #132
Address

Lighthouse Point, Florida 33064
City, State & Zip

954-274-6633
Daytime Telephone number

CONSTRUCTIONANGELS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

[redacted]

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CONSTRUCTION ANGELS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address: 3640-B3 North Federal Highway suite 132, Lighthouse Point, Florida 33064

Mailing address, if different is: SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Helping Families of Construction workers that have been killed while working the Road Construction Industry

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors will be appointed by KRISTI RONYAK, PRESIDENT and Founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristi Ronyak President
Address: 3640-B-3 North Federal Highway Suite #132, Lighthouse Point, Florida 33064

Name and Title: [redacted]
Address: [redacted]

Name and Title: [redacted]
Address: [redacted]

Name and Title: [redacted]
Address: [redacted]

Name and Title: [redacted]
Address: [redacted]

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kristi Ronyak
Address: 3640-B-3 North Federal Highway suite #132, Lighthouse Point, Florida 33064

ARTICLE VII INCORPORATOR

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

Name: Kristi Ronyak
Address: 3640-B-3 North Federal Highway suite #132, Lighthouse Point, Florida 33064

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

Kristi L. Ronyak — Required Signature of Registered Agent — 6-10-11 — Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Kristi L. Ronyak — Required Signature of Incorporator — 6-10-11 — Date