

WISCONSIN 930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

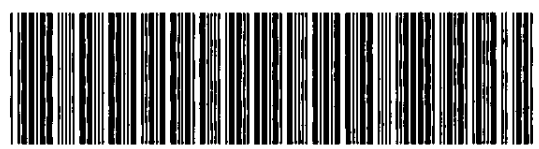
Special Instructions to Filing Officer:

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WYAW 65112

JAN 29 2015

T. SCOTT



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15 JAN 26 PM 1:20

Division of Business Services



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2014

JEFFREY DIMOND  
3001 PARK ST N  
ST PETERSBURG, FL 33710

SUBJECT: ANGELIC REPAIR FOUNDATION CORPORATION  
Ref. Number: W14000065112

We have received your document for ANGELIC REPAIR FOUNDATION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 914A00022940

**COVER LETTER**

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

**SUBJECT: Angelic Repair Foundation Corporation**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

*Revision*

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: Jeffrey Dimond  
Name (Printed or typed)

3001 Park St. N.  
Address

St. Petersburg, FL 33710  
City, State & Zip

(727)772-3226  
Daytime Telephone number

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

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Angelic Repair Foundation Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3001 Park St. N.

Mailing address, if different is:  
\_\_\_\_\_

St. Petersburg, FL 33710

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To perform home repairs for the underprivileged and those distressed from natural disasters, with a special focus on the handicapped and elderly.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Elected by the board of directors at annual meeting in accordance with bylaws

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

Name and Title: Jeffrey Dimond - PT

Name and Title: John Mastrantonio - VS

Address: 3001 Park St. N.  
St. Petersburg, FL 33710

Address: 7424 North Vernon  
Dearborn Heights, MI 48127

Name and Title: Carmelo Feola - D

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

Address: 7200 Burlington Ave N.  
St. Petersburg, FL 33710

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

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

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

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

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

15 JAN 26 PM 1:20

NOTARIAL PUBLIC  
STATE OF FLORIDA  
COMMISSION # 123456789

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

Address \_\_\_\_\_ 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: Jeffrey Dimond

Address: 3001 Park St. N.

St. Petersburg, FL 33710

15 JAN 26 PM 1:20  
RECORDED  
INDEXED

**ARTICLE VII INCORPORATOR**

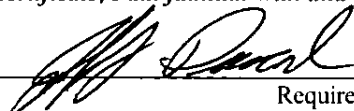
The **name and address** of the Incorporator is:

Name: Jeffrey Dimond

Address: 3001 Park St. N.

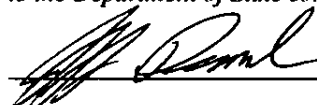
St. Petersburg, FL 33710

*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 of Registered Agent

1-2-15  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

1-2-15  
Date