

NI 800000 1340

(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



300308405703

02/05/18--01013--013 **78.75

18 FEB -5 AM 9:16

FEB 07 2018

T. SCOTT

COVER LETTER

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

Angelic Assistance, Inc.

SUBJECT: _____
(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: Ami Passmore

Name (Printed or typed)

2507 SE 15th Court

Address

Homestead, FL 33035

City, State & Zip

(305) 794-1044

Daytime Telephone number

ami.passmore@yahoo.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 Assistance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2507 SE 15th Court
Homestead, FL 33035

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized and operated exclusively for charitable
religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding
sections of any future tax code(s). Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes
within the meaning of Section 501(c) of the Internal Revenue Code, or corresponding sections of any future tax code(s), or shall be
distributed to the federal government, or to the state or local government for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are nominated
and a majority vote required of members present at the annual election meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ami Passmore, CEO
Address: 2507 SE 15th Court
Homestead, FL 33035

Name and Title: Katrina Harvey, Treasurer
Address: 114 NW 7th Ave.
Homestead, FL 33030

Name and Title: Salbrina Robinson, President
Address: 1341 NE 41st Place
Homestead, FL 33033

Name and Title: Citisha Allen-Dorsett, Vice President
Address: 1077 SE 23 Ave.
Homestead, FL 33035

Name and Title: Khristal Gooding-Copeland, Secretary
Address: 2147 NE 6th Street
Homestead, FL 33033

Name and Title: _____
Address: _____

18 FEB - 5 AM 9:16
M

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: Ami Passmore
Address: 2507 SE 15th Court
Homestead, FL 33035

ARTICLE VII INCORPORATOR

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

Name: Ami Passmore
Address: 2507 SE 15th Court
Homestead, FL 33035

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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 of Registered Agent

1/31/18
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

1/31/18
Date