

P19 000 084 029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

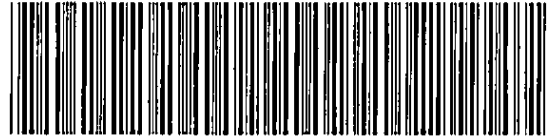
(Business Entity Name)

(Document Number)

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

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19 NOV 12 11 2019  
SECRETARY OF STATE  
OF MASSACHUSETTS

D O'KEEFE  
NOV 12 2019

## COVER LETTER

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

**SUBJECT:** ANGEL & ASSOCIATES LANDSCAPING CORP  
(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:** ANGEL & ASSOCIATES LANDSCAPING CORP  
Name (Printed or typed)

14609 NW 185TH STREET FLO134  
Address

HEALEY FL 33018  
City, State & Zip

786-536-8234  
Daytime Telephone number

PROFESSIONAL@CONTACTAGMAIL.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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

ANGEL & ASSOCIATE LANDSCAPING CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14601 NW 185TH ST LOT 34

SAMI

HIALLAHEE 33018

**ARTICLE III PURPOSE**

FOR LANDSCAPING SERVICES

The purpose for which the corporation is organized is:

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2019 NOV 12 PM 2:16  
CLERK OF STATE  
ALACHUA COUNTY FLORIDA

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: ANGELENO MUNOZ (VP)

Name and Title: JOSE MIGUEL MUNOZ (VP)

Address: 14601 NW 185TH ST LOT 34

Address: 14601 NW 185TH ST LOT 34

HIALLAHEE 33018

HIALLAHEE 33018

Name and Title: ARMANDO MARTINEZ ANGELLES (D)

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

Address: 14601 NW 185TH ST LOT 34

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

HIALLAHEE 33018

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: ANGELINO MUNOZ  
 Address: 14601 SW 185TH ST LOT 34  
HIALEAH FL 33018

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 2019 NOV 12 PM 2:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: ANGELINO MUNOZ  
 Address: 14601 SW 185TH ST LOT 34  
HIALEAH FL 33018

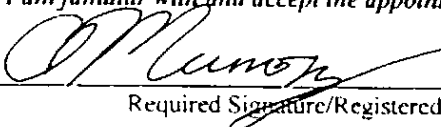
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

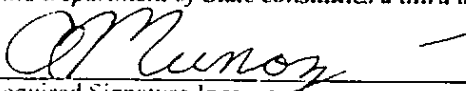
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 11/09/2019  
 Required Signature/Registered Agent 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.*

 11/09/2019  
 Required Signature/Incorporator Date