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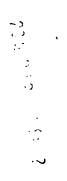
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Desirt Thompson

COVER LETTER

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

SUBJECT: Angell Showers	Inc.
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Filing Fee Filing Fee & Certificate of Status

S78.75

Filing Fee & Filing Fee & Filing Fee & Filing Fee & Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Joan Harris
	Name (Printed or typed)
	8520 Longacre Drive
	Address
	Miramar, FL 33025
	City, State & Zip
	(954) 638-9557
•	Daytime Telephone number
	_oanharris@yahoo.com
E-ī	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)

	ICLE II PRINCIPAL OFFICE				 -
	Principal street address: 8520 Longacre Drive				
			Mailing address, i	f different i	s:
	Miramar, FL 33025				
					
ARTIC The res	CLE III PURPOSE				
facilitie	rpose for which the corporation is organizes throughout the community for the general	ed is:to provide cl	lean, safe, temporary and/or perm.	Chant of	
		al unmeless	tion. Additionally our purpose	SHOW	er
	s. i.e., toilteries, and clean clothing whene	ver available.	tur purpose n	icludes pro	viding access
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ARTICLI	EIV MANNER OF ELECTION The	manner in which the	direct		
<u>ARTICLI</u>	EIV <u>MANNER OF ELECTION</u> The	manner in which the	edirectors are elected and appointe	d: by major	rity vote.
	The		e directors are elected and appointe	d: by major	rity vote.
	The		edirectors are elected and appointe	d: by major	rity vote.
ARTICLE	V INITIAL OFFICERS AND/OR DIE		e directors are elected and appointe		~)
ARTICLE	I' INITIAL OFFICERS AND/OR DIF	RECTORS		d: by major	~)
ARTICLE Name and	Title: Joan Harris, CEO 8520 Longacre Drive	RECTORS Name and T	ule: ^{Leroy} Simpson, CFO		~)
ARTICLE Name and	V INITIAL OFFICERS AND/OR DIE Fitle: Joan Harris, CEO 8520 Longacre Drive	RECTORS	ule: Leroy Simpson, CFO 2135 Pacific Street		
ARTICLE	Title: Joan Harris, CEO 8520 Longacre Drive	RECTORS Name and T	ule: ^{Leroy} Simpson, CFO		
ARTICLE Name and	V INITIAL OFFICERS AND/OR DIE Fitle: Joan Harris, CEO 8520 Longacre Drive Miramar, L 33025	Name and T Address:	ule: Leroy Simpson, CFO 2135 Pacific Street Brooklyn, NY 11203	5	
ARTICLE Name and	The INITIAL OFFICERS AND/OR DIA Fitle: Joan Harris, CEO \$520 Longacre Drive Miramar, L 33025 tle: Charmaine H. Johnson, Secretary 592 Millshue Drive	Name and T Address: Name and Title	ule: Leroy Simpson, CFO 2135 Pacific Street Brooklyn, NY 11203	5	
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Name and Title:		**************************************
Address _		Address:
_		
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Name and Title:		Name and Title:
Address _		Address:
-		
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ARTICLE VI	REGISTERED AGENT	the City of Association
The <u>name and F</u>	Plorida street address (P.O. Box NOT acco	eptable) of the registered agent is.
Name:	Joan Harris	
Address:	8520 Longacre Drive	
	Miramar, FL 33025	
	Miramar, FL 33025	
	INCORPORATOR	_
	INCORPORATOR address of the Incorporator is:	
	INCORPORATOR address of the Incorporator is: Joan Harris	<u> </u>
The <u>name and a</u>	INCORPORATOR address of the Incorporator is:	
The name and a	INCORPORATOR address of the Incorporator is: Joan Harris	
The <u>name and a</u> Name: Address:	INCORPORATOR address of the Incorporator is: Joan Harris 8520 Longacre Drive Miramar, FL	
The name and a Name: Address: ARTICLE VIII	INCORPORATOR address of the Incorporator is: Joan Harris 8520 Longacre Drive Miramar, FL EFFECTIVE DATE: Cother than the date of filing:	
The <u>name and a</u> Name: Address: ARTICLE VIII Effective date, i	INCORPORATOR Indexes of the Incorporator is: Joan Harris 8520 Longacre Drive Miramar, FL EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific a	. (OPTIONAL) and cannot be more than five days prior or 90 days after the filing.)
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The name and a Name: Address: ARTICLE VIII Effective date, i (If an effective Note: If the da document's effet Having been me certificate, I am	INCORPORATOR Indexes of the Incorporator is: Joan Harris 8520 Longacre Drive Miramat, FL EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific atte inserted in this block does not meet the ective date on the Department of State's resumed as registered agent to accept service familial with and accept be appointment. Required Signature of Registered	. (OPTIONAL) and cannot be more than five days prior or 90 days after the filing.) applicable statutory filing requirements, this date will not be listed as the ecords. e of process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity ed Agent cein are true. I am aware that any false information submitted in a docum