

N11000004875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

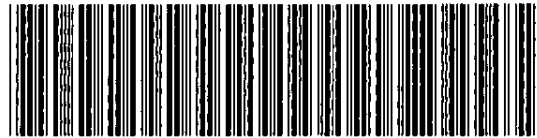
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

11 MAY 19 AM 10:25

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY 19 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
5/19

COVER LETTER

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

SUBJECT: _____

Successful 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: _____

Zealene Hatcher-Grant

Name (Printed or typed)

166 Bob Thomas Circle

Address

Sanford, FL 32771

City, State & Zip

407-402-9645

Daytime Telephone number

mysteryladyz@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:

Successful Angels, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

166 Bob Thomas Circle
Sanford, FL 32771

Mailing address, if different is:

166 Bob Thomas Circle
Sanford, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health Care

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors are appointed by ~~board~~ founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zealene Hatcher - Grant
Address: 166 Bob Thomas Circle
Sanford, FL 32771
President / Owner

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Zealene Hatcher - Grant
Address: 166 Bob Thomas Circle
Sanford, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Zealene Hatcher - Grant
Address: 166 Bob Thomas Circle
Sanford, FL 32771

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

Zealene Hatcher Grant
Required Signature of Registered Agent

5/19/11
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.

Zealene Hatcher Grant
Required Signature of Incorporator

5/19/11
Date

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TALLAHASSEE, FLORIDA