

714000008146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

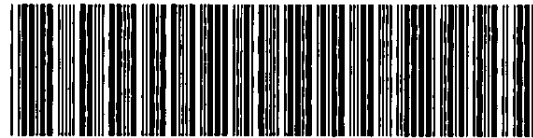
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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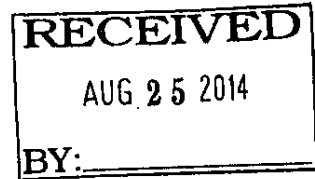
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AUG 29 AM 9:11

DIVISION OF CORPORATIONS

W/40050337
B 9/4/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2014

CLIFFORD R. RHOADES, P.A.
2141 LAKEVIEW DRIVE
SEBRING, FL 33870

SUBJECT: AG ANGELS, INC.
Ref. Number: W14000050337

We have received your document for AG ANGELS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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: 414A00017677

14 AUG 29 AM 10:46
TALLAHASSEE, FLORIDA

RECEIVED

(1)

COVER LETTER

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

SUBJECT: **AG ANGELS, INC.**

(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: **CLIFFORD R. RHOADES, P.A.**
Name (Printed or typed)

2141 LAKEVIEW DRIVE
Address

SEBRING, FL 33870
City, State & Zip

863-385-0346
Daytime Telephone number

FRONT@CRRPALAW.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: AG ANGELS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
320 KITE AVE

SEBRING, FL 33872

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Exclusively for charitable, religious, educational, and scientific purposes,
including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3)
of the Internal Revenue Code, or corresponding section of any future federal tax code. The specific purpose for which the corporation
is organized is charitable and to encourage and foster charitable giving by the agricultural business community to less fortunate public
school students. This corporation shall have the power to borrow money, to buy, own, lease, hold, sell, mortgage, and otherwise dispose
of both real and personal property, and may hold the same by trustee or otherwise; to hold stock or bonds of other corporations and exercise
all rights of ownership therein; and to have and use all other powers possible to be lawfully granted to it under the laws of State of Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is as stated
in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT KIROUAC, DIRECTOR

Address: 320 KITE AVE
SEBRING, FL 33872

Name and Title: STEPHEN C. KIROUAC, DIRECTOR

Address: 320 KITE AVE
SEBRING, FL 33872

Name and Title: PAMELA A. KIROUAC, DIRECTOR

Address: 320 KITE AVE
SEBRING, FL 33872

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 AUG 29 AM 9:11
DIVISION OF CORPORATE & SECRETARIAL AFFAIRS
STATE OF FLORIDA

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: CLIFFORD R. RHOADES, P.A.

Address: 2141 LAKEVIEW DRIVE
SEBRING, FL 339870

7/28 AUG 29 AM 9:11
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

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

Name: CLIFFORD R. RHOADES, P.A.

Address: 2141 LAKEVIEW DRIVE
SEBRING, FL 33870

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

7/28/2014

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

7/28/2014

Date