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DEPARTHENT OF STATE



COVER LETTER

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

SUBJECT:	ANGELS OF ANNIE MAE,	INC.			
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed is an original ar	nd one (1) copy of the Artic	cles of Incorporation and	a check for:		
_	_		V		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy		
	Status		& Certificate		
		ADDITIONAL CO	PY REOUIRED		
FROM:	TANYE NEAL		_		
	Name (Printed or typed)				
	.195 DEER RIDGE CIRCL				
	Address		-		
	UNION ELOPTRA COCCO				
	HAVANA, FLORIDA 32333 City, State & Zip		_		
	City, State & Lip				
(850) 363–7776					

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

mrsbiggie36@yahoo.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be: ANGELS	S OF ANNIE MAE, INC
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
195 DEER RIDGE CIRCL	Ē
HAVANA, FLORIDA 32	333
1.111	nized is: 16 service individuals with Developmental
According to the By Law	
Name and Title: 1 mtatia 1. My	ers/ser Ername and Title: Janana, C. Aking/Pres.
Address 195 Deer Brage G	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	

Name and Title:	Name and Title:	
Address	-	
Name and Title:	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: Janye J. Nea		7
Address: 195 Peer Parage C	ircle	RC 24
Havana, PC 32	333	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: Tanye J. Neal		
Address: 195 Door Aidge	irile 333	
Having been named as registered agent to accept ser certificate, I am familiar with and accept the appointm	vice of process for the above stated corp ent as registered agent and agree to act in	oration at the place designated in this this this
Hequired Signature of Regis		12/24/14 Date
I submitthis document and offirm that the facts stated to the Department of State constitutes a third degree fe		e information submitted in a document
Required Signature of	Incorporator	12/24/14 Date