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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : THE TAX ADR, LLC.
Account Number : H1500000042
Phone : (551) 792-3310
Fax Number : (551) 792-1318

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFTINON PROFIT CORPORATION
ALLIJS ANGELS, INC

Certificate of Status	1
Certified Copy	0
Page Count	63
Estimated Charge	\$78.75

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H150001063783
ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)
ARTICLE I NAME
The name of the corporation shall be ALLI'S ANGELS INC
ARTICLE II PRINCIPAL OFFICES
Principal Office Address
11332 EDGEWATER CIRCLE
WELLINGTON, FL 33414
Meeting Address, if different, is

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROVIDE CHILD CARE TO MOTHERS WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER.

ARTICLE IV BOARD OF DIRECTORS
The members to which the corporation is organized is: THE DIRECTORS ARE ELECTED AT THE ANNUAL MEETING
ARTICLE V OFFICERS AND DIRECTORS

Name and Title: LISA MARRIN, PRESIDENT
Address: 11332 EDGEWATER CIRCLE
WELLINGTON, FL 33414

Name and Title: ALLI MARRIN, VICE PRESIDENT
Address: 11332 EDGEWATER CIRCLE
WELLINGTON, FL 33414

Name and Title: JESSICA MARRIN, SECRETARY
Address: 11332 EDGEWATER CIRCLE
WELLINGTON, FL 33414

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TALLAHASSEE, FLORIDA

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H150001003783

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: JESSICA MARRIN
 Address: 11332 EDGEWATER CIRCLE
 WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR
 The name and address of the incorporator is:

Name: LISA MARRIN
 Address: 11332 EDGEWATER CIRCLE
 WELLINGTON, FL 33414

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

4/28/2015
 Date

Required Signature of Registered Agent

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 false statement/claim as prohibited for by s.218.15, F.S.

4/28/2015
 Date

Required Signature of Incorporator

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