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T. SCOTT



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15 DEC - 8 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Angel's Angels Foundation 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: Angel Tillman  
Name (Printed or typed)

4728 Plantation View Dr  
Address

Tallahassee, FL 32311  
City, State & Zip

850-264-3204  
Daytime Telephone number

Angel's Angels Foundation@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: Angel's Angels Foundation Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4728 Plantation View Dr.  
Tallahassee, FL 32311

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To help children and teenagers  
with clothes, Food and children/teenage problems.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

President Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Angel Tillman / President</u>	Name and Title:	_____
Address	<u>4728 Plantation View Dr.</u> <u>Tallahassee, FL 32311</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC - 8 AM 9:44

APPROVED  
AND  
FILED

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:

Angel Tillman

Address:

4728 Plantation View Dr.  
Tallahassee, FL 32311

**ARTICLE VII INCORPORATOR**

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

Name:

Angel Tillman

Address:

4728 Plantation View Dr.  
Tallahassee, FL 32311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Angel Tillman

Required Signature of Registered Agent

12-8-2015

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.

Angel Tillman

Required Signature of Incorporator

12-8-2015

Date