

N17000007464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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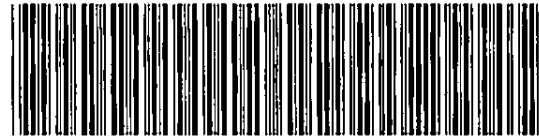
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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New
NP
Corp.

07-19-17

DC

1617 ANNISALAP

COVER LETTER

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

SUBJECT: Progressive Angels Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Davis
Name (Printed or typed)

1324 Fairway village Dr
Address

FlemingIsland Fla 32003
City, State & Zip

(321) 917-0395
Daytime Telephone number

smootches78@gmail.com
E-mail address: (to be used for future annual report notification)

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

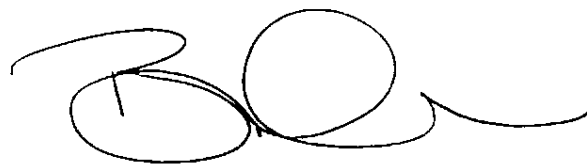
June 12, 2017

TO: Whom it may concern

We at Progressive Angels Inc. wish
to release the name to become a
nonprofit organization corporation
The company has no intentions
of revoking the dissolution

Thank you in advance for
your help

Sincerely
Progressive Angels Inc

A handwritten signature in black ink, appearing to read 'Barbara Davis', with a large, stylized 'B' and 'D'.

Barbara Davis (president)

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: BARBARA A. DAVIS

Address: 1324 FAIRWAY VILLAGE DR

FLEMING ISLAND, FL 32003

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA A. DAVIS

Address: 1324 FAIRWAY VILLAGE DR

FLEMING ISLAND, FL 32003

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 days prior or 90 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

Barbara A. Davis

Required Signature of Registered Agent

06/01/2017

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.

Barbara A. Davis

Required Signature of Incorporator

06/01/2017

Date