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2020 JUN -9 PM 4:40
HALL COUNTY, CALIFORNIA

1-7000162488

COVER LETTER

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

SUBJECT: ARTfull Angels

(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

ART
ADDITIONAL COPY REQUIRED

FROM: ARTFULLANGELS Incorporated

Name (Printed or typed)

3621 NW 35TH WAY

Address

Lauderdale Lakes, FL 33309

City, State & Zip

443-756-4300

Daytime Telephone number

artfullangels@gmail.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:

ARTfull Angels**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:

Mailing address, if different is:

3621 NW 35th Way
Lauderdale Lakes, Florida
33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The mission of our organization
is to provide free financial support for screening
mammography, diagnostic breast imaging and
breast cancer care for the uninsured and
underserved women in Broward and Miami Dade
counties. We partner with medical facilities in
South Florida to deliver these services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Volunteer screening with individuals whom wish to serve.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Berthil James, Treasurer & V.P.

Address: 11300 Strawberry Glen
Lane, Glenn Dale, MD.
20769

Name and Title: Sharon Haynie, Secretary

Address: 529 Spruce Street
Philadelphia, PA.
19106

Name and Title: Hazel Butler, Officer

Address: 600 Parkview Drive
Apt. 908
Hallandale, Florida
33009

ARTFULLANGELS Incorporated

ATX1

Name and Title: Angela Taylor, CEO & Founder Name and Title: _____

Address: 3621 NW 35th Way Address: _____

Lauderdale Lakes, Florida
33309

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: Angela Taylor

Address: 3621 NW 35th Way
Lauderdale Lakes, Florida 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angela Taylor

Address: 3621 NW 35th Way
Lauderdale Lakes, Florida 33309

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

Angela Taylor
Required Signature of Registered Agent

6/1/20
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.

Angela Taylor
Required Signature of Incorporator

6/1/20
Date

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TALLAHASSEE FLORIDA

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