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COVER LETTER

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

SUBJECT:	ARTH	ull Angels		
•		(PROPOSED CORPOR	ATE NAME - MUST INCLUD	E SUFFIX)
Enclosed is an	original an	d one (1) copy of the Arti	cles of Incorporation an	d a check for :
		70.70	[] 670.75	Manzan ART
\$70.00 Filing Fee		\$78.75 Filing Fee &	\$78.75 Filing Fee	\$87.50 Filing Fee,
i iiiig i cc		Certificate of	& Certified Copy	Certified Copy
		Status		& Certificate
			ADDITIONAL CO	PY REQUIRED
	FROM:	ARTFULLANGELS Incorporat		
	Name (Printed or typed)			
		3621 NW 35TH WAY	idress	
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

ARTICLE I NAME The name of the corporation shall be: ART Full Ar	igels
ARTICLE II PRINCIPAL OFFICE	-
Principal <u>street</u> address: 3621 NW 35th Way Lander-dall Lakes, Florida	Mailing address, if different is:
Lander-dale lakes, Florida	
33309	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The minimum of the free financial semantic organized is: Mammo graphy of agnostic	ission of our organization upport for screening
mammography, diagnostic	breast imaging and
breast cancer care for th	e uninsured and
underserved women in Bro	ward and Miami Dade
counties, we partner with	medical facilities in
South Florida to deliver th	
ARTICLE IV MANNER OF ELECTION The manner in which the or Us with Screening with mai was article v initial officers and/or directors	iduals whom wish to serve
Name and Title: Berthil James, Treasurer Name and Title: Name and Tit	♥ V.P. le:
Address: Address:	
Lane, Alenn Dale, MD.	
20769 Classillerin Salretary	
Name and Title: Sharon Haynis, Secretary Name and Title	le:
Address: 529 Spruce Street Address: Philadelphia, PA.	
19106	
11-2-12-11-2-11-2-1	
Day Production Days	le:
Address: Address: Address:	

	Founder Name and Title:			
Address: 3621 NW 55th Way	Address:			
lauderdale lakes, Flori	- L			
<u> </u>	7	<u></u>		
Name and Title:	Name and Title:	<u> </u>		
Address:	Address:			
	·			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	otable) of the registered ag	gent is:		
Name: Angela Taylor				
21.71 NW 25-14	11)a.11			
Lauderdale Lakes	_ ~	5 5 5 7 8		
iauairoai tales	5 1 1.0×10 4C D	7500 (
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:				
Name: Argela Taylor	—, <u> </u>			
Address: 3621 NW 354h Way				
Lauderdale la Re	3. Florida 3	53309		
ARTICLE VIII EFFECTIVE DATE:				
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific an		OPTIONAL) ive 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				
(ungrea Tay)		4120		
Required Signature of Registered Agent		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.				
anaria Maria	• •	U1120		
Required Signature of Incorporator		Date		

ARTICLES OF INCORPORATION

ARTICLE I NAME The name of the corporation shall be: ART Full AngelS
ARTICLE II PRINCIPAL OFFICE
Principal <u>street</u> address: Mailing address, if different is:
3621 NW 35th Way
Lander-dale Lakes, Florida
33309
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The mission of our organization
is to provide tree financial support for germina
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 mainiduals whom wish to serve
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Berthil James, Treasurer & V.P. Name and Title:
Address: 11300 Strawberry Glenaddress:
Lare, Elenn Dale, MD.
Channelle De Carretage
Name and Title: Sharon Hayniz, Secretary Name and Title:
Address: 529 Spruce Street Address: Philadelphia, PA.
19106
lame and Title: Hazel Butler, Officer Name and Title:
Address: Levo Parkvius Drive Address:
Apt . 908
Hallandale, Florida

ARTFULL/ Name and Title:	ANGELS Incorporated Lawlor, CEO	4 Founder Name and Title:	-		
Address:		_ Address:			-
	derdale lakes, For	_ Address:			-
pau	mm				
		<u> </u>			
Name and Title:		_ Name and Title:			
Address:		Address:			-
		_ //dd/633.			
		_			
		-			
ARTICLE VI R The name and FI	EGISTERED AGENT orida street address (P.O. Box NOT acce	ntable) of the register	and and t		
Name:	Angela Taylor	plable) of the registe	seo agent is:		
Address:	3621 NW 35+W	Way			
	Laudendale lakes	, Florida	33309	1020	
		<u></u>	,	AND THE	** 2
ARTICLE VII IN	CORPORATOR			-9	
THE HAINE AND AC	dress of the Incorporator is:			P	<i>(</i> *
Name:	Hrgela Taylor			4	
Address:	3621 NW 354W			_	
	Lauderdale lake	3. Florida	_ 33309		
ARTICLE VIII E	FFECTIVE DATE:				
(If an effective da	ther than the date of filing: te is listed, the date must be specific and	d cannot be more ti	(OPTIONAL)	Managaran and a safe and	
			men nve days prior or 9	υ days after the t	iling.)
Note: If the date in	nserted in this block does not meet the appetitive date on the Department of State's re	licable statutory filin	g requirements, this date	will not be listed a	as
document a cin	ective date on the Department of State's re	cords.			
/ \u00a4	d as registered agent to accept service of pr am familiar with and accept the appointmen	ocess for the above t as registered agent	stated corporation at the t and agree to act in this o	place designated	
Mague	u Jay		6/1/20)	
∫ F	Required Signature of Registered Agent		Date		
submit this docum	ent and affirm that the facts atotal bases	re true. I am aware th	hat any false information :	submitted in a	
anaili	partment of State constitutes a third degree	relony as provided (for in s.817.155, F.S.)	
V. W.	Required Signature of Incorporator		4/1/2		
\)	=(p		Date		

ATX1

COVER LETTER

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

SUBJECT:	ART	ull Angels		
-		(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed is an	original an	d one (1) copy of the Arti	cles of Incorporation a	nd a check for :
				AR AR
☐ \$70.00		₩ 578.75	\$78.75	\$87.50
Filing Fee		Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy
		Status	d dorand dop,	& Certificate
			ADDITIONAL CO	OPY REQUIRED
				•
	FROM:	ARTFULLANGELS Incorporat		
		Name (Pri	nted or typed)	
	3621 NW 35TH WAYAddress			
Address				
		Laudordala Lakas El 33300		
	Lauderdale Lakes, FL 33309 City, State & Zip			
	443-756 - 4300			
		Daytime Telephone number		
	artfullangels Ogmail. com			o com
	E-mail address: (to be used for future annual report notification)			ation)

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

ARTICLES OF INCORPORATION

The name of the corporation shall be: ARTICLE I NAME THE name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE
Principal <u>street</u> address: Mailing address, if different is:
3621 NW 35th Way
3621 NW 35th Way Landerdale Lakies, Florida
33309
The purpose for which the corporation is organized is: The mission of our organization is to provide free financial support for screening mainmographys diagnostic breast imaging and
15 th provide the financial support maging and
Martinography 3 articipits 100 p. 12000 miles
breast cancer care for the worldwice with
underserved women in Broward and Miami Dade
counties, uz 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: Us funder screening with individuals whem wish to serve
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Birthil James, Treasurer & V.P. Name and Title:
Address. 11300 Strawberry Glenadress:
Lane, Elenn Dale, MD.
20769
Name and Title: Sharon Hariniz, Startain, Startains
Address: 599 Spruce Street Address:
Philadelphia, PA.
19106
Name and Title: Hazzi Putter, officer Name and Title:
Address 600 Parkvice Drive Address:

ARTFULLANGELS Incorporated Name and Title: HMAIA TOUTER, CE Address: 361 Nw 554 UC	O 4. Founder Name and Title:
Address: 3621 Nu 75th UC	Address:
Lauderdale lates, F	linda)
	<u>5</u> 09
Name and Title:	Name and Title.
Address:	Address:
-	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT a	
Name: Angela Taylor Address: 3021 NW 35+	 ,
randerdale lake	13, Florida 33309
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Aralu Tailby	
2/21 110 25	Lis Florida 33309
Address: <u>DOALNOO</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lauderda la la	ES TONIA STATE
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specifi	. (OPTIONAL) ic 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 the document's effective date on the Department of State	e applicable statutory filing requirements, this date will not be listed as e's records.
	of process for the above stated corporation at the place designated nament as registered agent and agree to act in this capacity
amorila Tous	6 [1 20
Required Signature of Registered Age	ent Date
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third o	rein are true. I am aware that any false information submitted in a legree felony as provided for in s.817.155, F.S.
analle Maria	U1120
Required Signature of Incorporator	- Date

ARTICLES OF INCORPORATION

The name of the corporation shall be:	Angels
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
3621 NW 35th Way	
Lander-dale Lakis, Florida	
33309	
The purpose for which the corporation is organized is: The purpose for which the corporation is organized is:	nission of our organization
is to provide free financial mammographys diagnostic	Support for Screening
breast cancer care for	Dirast imaging and
understrued women in B	
Counties, we partner with	
South Florida to deliver -	
ARTICLE IV MANNER OF ELECTION The manner in which to Ut Juntler Screening with main	he directors are elected and appointed: Uiduals Whom Wishto Serve
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Berthil James, Treasure. Name and	Title:
Address: 11300 Strawberry Gler Address:	
Lane, Glenn Dale, MD.	
20769 Clim II i Cadrata (1)	
Name and Title: Sharon Hayniz, Secretary, Name and	Title:
Address: 539 Spruce Street Address:	
Philadelphia, PA.	
19106 None - Hazal Button Albana	
Name and Title: Hazel Butter, officer Name and Address: 600 Parkview Drive Address:	Title.
Address: (200 Yarkville) Drive Address:	

ARTFULL Name and Title:	ANGELS Incorporated Linguistry CEO	Tounder	
,	Will Har Math Hard	Address:	
	derdale lates, Fin	_	
<i>y</i> • • • • • • • • • • • • • • • • • • •	かわかい	-iruc a:	
		-	
Name and Title:		Name and Title:	
Address:		Address:	
		•	
ARTICLE VI R	EGISTERED AGENT		
The name and Fig	Orida street address (P.O. Box NOT accep	table) of the registe	red agent is:
Name:	Hrgela Taylor		
Address:	3621 NW 35+W	Way	
	laudirdale lakes	2 Florida	33309
407101 7 101			
ARTICLE VII IN	CORPORATOR dress of the Incorporator is:		
Name:	Argela Taylor		
Address:	3621 NW 354W	- Wais	
Address.	Lauderdale la Ric	- ~	33309
	····	3 FLORIZZA	2 9 9 3 6 1
ARTICLE VIII EF	FECTIVE DATE: her than the date of filing:		(0070)
(If an effective dat	e is listed, the date must be specific and	cannot be more th	(OPTIONAL) nan five days prior or 90 days after the filing.)
<u>Note:</u> If the date in the document's effe	serted in this block does not meet the applective date on the Department of State's rec	icable statutory filing cords.	g requirements, this date will not be listed as
Having been named	as registered agent to accept service of pro	ocess for the above :	stated corporation at the place designated
	A	as registered agent	and agree to act in this capacity
R	equired Signature of Registered Agent	· · · · · · · · · · · · · · · · · · ·	<u> (20</u>
•			Date
document to the Dep	ent and affirm that the facts stated herein ar partment of State constitutes a third degree	e true. I am aware th felony as provided f	at any false information submitted in a or in s.817.155, F.S.
anoxile	- Naux		4/1/20
	Required Signature of Incorporator		Date