

N20000010428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

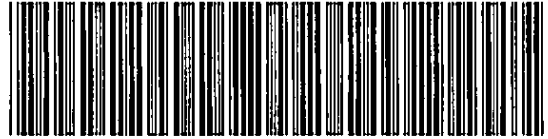
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900350731309

01/25/20 09:04 AM 4876.75

900350731309
01/25/20 09:04 AM

Derrick Thompson

2

COVER LETTER

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

SUBJECT: Angell Showers 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: Joan Harris
Name (Printed or typed)

8520 Longacre Drive
Address

Miramar, FL 33025
City, State & Zip

(954) 638-9557
Daytime Telephone number

j_oanharris@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: Angell Showers Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8520 Longacre Drive

Miramar, FL 33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide clean, safe, temporary and/or permanent shower facilities throughout the community for the general homeless population. Additionally, our purpose includes providing accessory services, i.e., toiletries, and clean clothing whenever available.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joan Harris, CEO

Address: 8520 Longacre Drive

Miramar, L 33025

Name and Title: Leroy Simpson, CFO

Address: 2135 Pacific Street

Brooklyn, NY 11203

Name and Title: Charmaine H. Johnson, Secretary

Address: 592 Millshute Drive

Millersville, MD

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Joan Harris

Address: 8520 Longacre Drive

Miramar, FL 33025

ARTICLE VII INCORPORATOR

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

Name: Joan Harris

Address: 8520 Longacre Drive

Miramar, FL

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

Required Signature of Registered Agent

08/17/2020
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.

Required Signature of Incorporator

08/17/2020
Date