

W23000004565

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

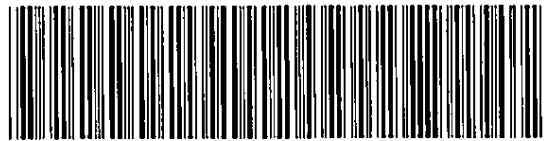
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W23000036542

Office Use Only



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[Signature]
4/17/23

02/27/23--01052--005 **87.50

FILED
2023 MAR 17 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2023

PATRICIA EASON
534 ECTON ST
MAITLAND, FL 30751 US

SUBJECT: ANGELS WITHOUT WINGS, LLC
Ref. Number: W23000036542

We have received your document for and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If one person on a non-profit filing is listed as a director there must be at least 3 people designated as directors.,

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 223A00006195

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: ANGELS WITHOUT WINGS, Corporation
(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: PATRICIA EASON
Name (Printed or typed)

534 KETON STREET
Address

Maitland, FL 32751
City, State & Zip

407 310 3246
Daytime Telephone number

PATRICIAEASON.PE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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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: ANGELS without wings, Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

534 EATON Street
Maitland, FL 32751

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANGELS without Wings is an organization that helps homeless "on the street" with food, toiletries, towels, clothes year round and also an outreach program to assist anyone that is in need of assistance with food and clothes as well

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected at Annual Meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Patricia Eddy (Founder) President</u>	Name and Title:	<u>Craig Wise (Vice President)</u>
Address:	<u>534 EATON STREET</u> <u>Maitland, FL 32751</u>	Address:	<u>1001 Woodhill Drive</u> <u>Altamonte Springs FL 32714</u>

Name and Title:	<u>Denise Talbot (Officer)</u>	Name and Title:	<u>Annette Wise (Director)</u>
Address:	<u>269 Port Street SE</u> <u>Orlando, FL 32828</u>	Address:	<u>1001 Woodhill Drive</u> <u>Altamonte Springs 32714</u>

Name and Title:	<u>Tullette Noel (Officer)</u>	Name and Title:	
Address:	<u>437 Sabal Palm Cir</u> <u>Altamonte Springs, FL 32701</u>	Address:	

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TALLAHASSEE, FL

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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: PATRICIA EASON
 Address: 534 EATON STREET
Maitland, FL 32751

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 TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIA EASON
 Address: 534 EATON STREET
Maitland, FL 32751

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

Patricia Eason
 Required Signature of Registered Agent

2.21.2023
 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.

Patricia Eason
 Required Signature of Incorporator

2.21.2023
 Date