

N24000005084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

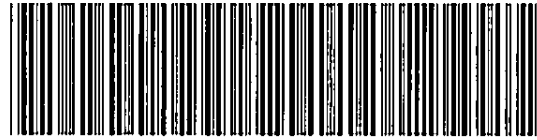
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04/25/2024 10:07:59

PREFILED OFFICE  
CORPORATION & ORGANIZATIONS  
TALLAHASSEE, FLORIDA

2024 APR 25 PM 2:02

2024 APR 25 PM 7:41

RECEIVED

**COVER LETTER**

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

SUBJECT: ANGEL VENTURE CAPITAL 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: J. E. Butler  
Name (Printed or typed)

38. S. Blue Angel Pkwy #112  
Address

PENSACOLA, FL 32506  
City, State & Zip

800-790-5409  
Daytime Telephone number

INFO@ANGEL-VC.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: Angel Venture Capital Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

38 S. Blue Angel Pkwy  
Suite 112  
PENSACOLA, FL 32506

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any & ALL LAWFUL BUSINESS TO ASSIST  
ENTREPRENEURS TO LEARN & SUCCEED  
IN BUSINESS

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

By MAJORITY BOARD VOTES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: J.E. Butler, CHM Name and Title: \_\_\_\_\_

Address: 38 S. Blue Angel Pkwy Address: \_\_\_\_\_  
□ 112  
PENSACOLA, FL 32506

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John Butler

Address: 38 S. Blue Angel Pkwy #112  
PENSACOLA, FL 32506

2024 APR 25 11:01

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Butler

Address: 38 S. Blue Angel Pkwy #112  
PENSACOLA, FL 32506

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/25/2024 (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

4/25/24  
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

4/25/24  
Date