## POODS TRANSMITTAL LETTER Department of State

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

SUBJECT:	Angels for the PROPOSED CORPORA	CURE INTERNAME-MUST INCI	UC - LUDE SUFFIX)	<del></del>
-		·	00003290 -06/15/000 ****157.50	1636 1002-014 *****78.75
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 of	
		ADDITIONAL CO	Status PY REQUIRED	0
FROM:	Elizabeth L.	S to Ko 5  nted or typed)	ECRETAR LLAHASS	APPA III AGAV
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	850 656-	ate & Zip 2630	O JUN 1.	REC
	Daytime Tele	phone number	NI OF STATE CORPORATIONS EN FLORIDA	RECEIVED

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

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME The name of the corporation shall be: Angels FOR The CURE INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2439 Buttonbush Ct. ARTICLE III *PURPOSE* The purpose for which the corporation is organized is: Angels for Breast CANCER Patients To Sell ARTICLE IV SHARES The number of shares of stock is: 100,000 Shares ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Elizabeth L. Stokes 2439 Button bush (4 JA11, F1 3a308 ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent is: Elizabeth L. Stokes 2439 Buttonbush Ct. TAII, FI 32308 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Elizabeth L. Stokes 2439 Buttonbush Ct. TAU, E1 30308 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 $\frac{6-14-60}{\text{Date}}$

signature/Incorporator