TRANSMITTAL LETTER

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

SUBJECT:

Angel Care Sitter & Companion, Inc.

(Proposed corporate name-must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

XX-\$70.00

\$78.75

\$122.50

\$131.25

Filing Fee

Filing Fee

Filing Fee

Filing Fee, Certified Copy

& Certificate

& Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Inka Weiner

Name (Printed or typed)

5224 N.W. 94th Terrace

Address

Sunrise FI 33351

City,State,Zip

954-572-1622

Daytime Telephone number

*****70.00 *****70.00

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



Angel Care Sitter & Companion, INC. ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the florida business corporation act, hereby adopts the following Articles of incorporation.

> ARTICLE I: NAME

The name of the corporation shall be:

Angel Care Sitter & Companion, INC.

ARTICLE II:

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS The principal office and mailing address of this corporation shall be:

2320 N.E. 202nd Street North Miami Beach FI 33180

> ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

THERE ARE TWO SHARES OF STOCK IN THE CORPORATIONS.

ARTICLE V

INITAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Inka Weiner 5225 N.W. 94th Terrace Sunrise FI 33351

> ARTICLE VI INCORPATOR

The name and address of the incorporator to these Articles of Incorporation are:

> Inka Weiner 5224 N.W. 94th Terrace Sunrise FI 33351

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Singature/Registered Agent

Date

SECRETARY OF STATE