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03 APR 25 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH APR 30 2003

TRANSMITTAL LETTER

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

SUBJECT: Angel Heart Adult Care, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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
Status

ADDITIONAL COPY REQUIRED

FROM: Angel Heart Adult Care, Inc.
Name (Printed or typed)

2417 21 St S
Address

St Pete Fla 33712
City, State & Zip

727 821-0203
Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be: Angel Heart Adult Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 2417 21 SFS
St Pete Fla 33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Jennifer Cason
2417 21 SFS
St Pete Fla 33712

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jennifer Cason
2417 21 SFS St Pete Fla 33712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer Cason
2417 21 SFS St Pete Fla 33712

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

Jennifer Cason
Signature/Registered Agent

4/22/03
Date

Jennifer Cason
Signature/Incorporator

4/22/03
Date

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