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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

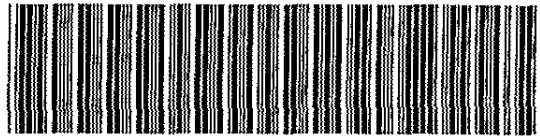
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Certified Copies _____

Certificates of Status _____

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FILED
03 JUL -9 AM 6:09
STATE
TALLAH. FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ANGSANA IMPORTS, INC.
Proposed corporate name ~ must include suffix

Enclosed is and original and one (1) copy of the articles of incorporation and a check for \$78.75 in payment of the
Filing Fee & Certificate of Status.

FROM: MICHAEL LIPKOWITZ

%ANGSANA, INC.

520 EAST ATLANTIC AVE

DELRAY BEACH, FL 33483-5324

561-330-6676
Daytime Telephone Number

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:

ANGSANA IMPORTS, INC.

ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address for this corporation shall be:

**520 E. ATLANTIC AVE
DELRAY BEACH, FL 33483-5324**

ARTICLE III SHARES

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

1,000 SHARES OF COMMON

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MICHAEL LIPKOWITZ

520 EAST ATLANTIC AVE

DELRAY BEACH, FL 33483-5324

ARTICLE V INCORPORATOR

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

MICHAEL LIPKOWITZ

520 EAST ATLANTIC AVE

DELRAY BEACH, FL 33483-5324

Michael Lipkowitz
Signature of Incorporator

7 / 1 / 2008
Date

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

Michael Lipkowitz
Signature of Registered Agent

7 / 1 / 2008
Date

FILED
03 JUL - 9 AM 9:09
TALLAHASSEE, FLORIDA
SEC