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	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
<u> </u>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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:

ARNOLD'S ANGELS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5634 BRADSHAW ST JACKSONVILLE, FL 32277

PURPOSE

The purpose for which the corporation is organized is:

CARE OF ELDELY

ARTICLE IV

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CATHERINE G. ARNOLD PAGE 11429 PORTSIDE DR JACKSUN VILLE, FL. 32225 CHARLIE PRIVILL VICE PASS 11429 PORTSIDE DX JACKSONVINE, FL 32225

ARTICLE VI REGISTERED AGENT

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

CATLERINE G. ARNOLD 11429 PORTSIDE DA JACKSONVINE, FL. 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATHERINE G. ARNULL 11429 PORTSIDE DA JACKSONVIlle, FL, 32225

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

Signature/Incorporator