

P04000094540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

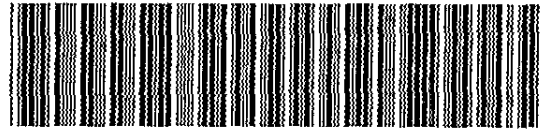
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/04--01039--018 **78.75

FILED
04 JUN 21 PM 2:08
STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ANGEL BLUE EYES, 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: BARBARA POLINICE
Name (Printed or typed)

3537 WILES ROAD APT 101
Address

COCONUT CREEK, FL 33073
City, State & Zip

954 588-6131
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 BLUE EYES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3537 WILES ROAD APT 101
COCONUT CREEK, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ONLINE VIDEO, T-SHIRT AND PHOTO SALES

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BARBARA POLINICE - PRESIDENT
3537 WILES ROAD APT 101
COCONUT CREEK, FL 33073

JAMES MASSETTI - V.P.
3537 WILES ROAD APT 101
COCONUT CREEK, FL 33073

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

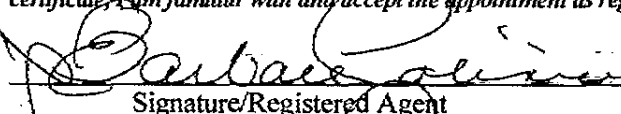
BARBARA POLINICE
3537 WILES ROAD APT 101
COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

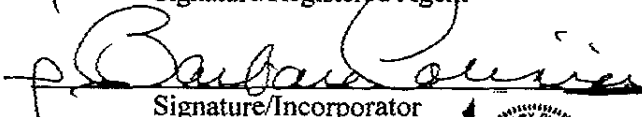
BARBARA POLINICE
3537 WILES ROAD APT 101
COCONUT CREEK, FL 33073

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/Registered Agent

6/16/04

Date


Signature/Incorporator

6/16/04

Date



LISA J. VON HOFFEN
Notary Public - State of Florida
My Commission Expires Apr 30, 2008
Commission # DD292687



FILED
04 JUN 21 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA