P05888012562

(Reque	estor's Name)	
(Addre	ss)	
(Addre	55)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	nent Number	
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
		organization and the control of the

Office Use Only



000041360080

10/05/04--01026--002 **87.50

2005 JAN 25 A 9 01 SECRETARY OF SIME

305

TRANSMITTAL LETTER

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

SUBJECT: Angels	Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDESUFF(X)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Em	nily Williams		
•	Name	(Printed or typed)	
	400 S. Atlantic Aven, Ste 114		
		Address	<u> </u>
	Ormond Beach, FL 32176		
	City,	State & Zip	
	386-295-1684		
· ·	Daytime To	elephone number	

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



October 8, 2004

EMILY WILLIAMS 400 S. ATLANTIC AVE., SUITE 114 ORMOND BCH, FL 32176

SUBJECT: ANGELS INC. Ref. Number: W04000037251

We have received your document for ANGELS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Letter Number: 904A00058516

Wanda Cunningham Document Specialist New Filings Section

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro	ofit)		
ARTICLE I NAME The name of the corporation shall be: East Coast	Angels, Inc.	= 8	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 400 5. Atlantic Avenue Ste 114 Ormand Beach, FL 321710 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Narketing		SECRETARY OF STATE SECRETARY OF STATE	
ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s): Loretta Arthur - President 400 5. Attacher Dana Utter-Wolters - Vice President - 400 Emily Ceruzzi - Secretary - 400 5. Attacher	antic Ave, Sta	= 114, Orma s, ste 114, Orma Ormand Bel	and Behi. Fl and Behi. Fl and R. 321
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptate	. •	~	
Loretta Arthur-400 s. Atlantic Ave.,	Ste 114, Orr	mond Bch,	FL Bani
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Emily A. Ceruzzi - 400 5. Atlantic Andrews And	ve, Ste 114,0	rmond Bdh,	FL 3271
	**************************	**************************************	****
Signature/Registered Agent		2-15-04 Date	

Signature/Incorporator

Date