# P05000134876

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<del></del>
Marie Alp	house	
CORRECT CATE	YPHONE TO	BN/AE.
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SECRETARY OF STATE ALL AND TO DOT -3 PM 12: 55

MEDIA

# **COVER LETTER**

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

SUBJECT: Angel Quality Cure (PROPOSED CORPORA)	Inc.	
(PROPOSED CORPORA)  Enclosed are an original and one (1) copy of the artic		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Marie Martine All	(Printed or typed)	
2010 Broward Av	APT #8	
West Palm Beach City,	L 33467 State & Zip	
(561) 762 - 16 Daytime Te	3	<del></del>

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)

SECRETARY OF STATE TALLAHASSEF, FLORIDA

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### ARTICLE I NAME

The name of the corporation shall be:

Angel Quality Care, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2669 Forest Hill Blvd., #217 /P.O BOX 1682 West Palm Beach, FL 33406 / West Palm Beach, FL 3340Z

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful Business

## ARTICLE IV SHARES

The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marie Hartine Alphonse, CEO 2010 Broward Ave. APT #8 West Palm Beach, FL 33407

### ARTICLE VI REGISTERED AGENT

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

Marie Martine AlPhonse 2010 Broward Ade. #4 West Palm Beach, FL 33407

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Marie Martine AlPhonse 2010 Broward Ade. #4 West Palm Beach, FL 33407

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

MULL9/29/05Signature/Registered AgentDateMULL9/29/05Signature/IncorporatorDate