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## TRANSMITTAL LETTER

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

SUBJECT: Angle Mary, Corp.				
(Proposed(colporate name - must include suffix)				
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Enclosed is 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	XI\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: Raman Reyes  Name (Printed or typed)  5035 Palm Que  Address  Hallah Fl 33012  City, State & Zip				
(305) 822-0669  Daytime Telephone number				

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

## ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME
The name of the corporation shall be:

FALLAHASSEE, FLORIDA

ANGIE MARY, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1433 W. 44th TER HIALEAH, FL. 33012

ARTICLE III SHARES

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

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARCO A. JARAMILLO 1433 W. 44th TER HIALEAH, FL 33012

ARTICLE V INCORPORATOR / OFFICERS

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

PRESIDENT/ MARCO A. JARAMILLO 1433 W. 44<sup>th</sup> TER HIALEAH, FL. 33012

O1/09/06

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Rog Stored Agort Date