

POL000088481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

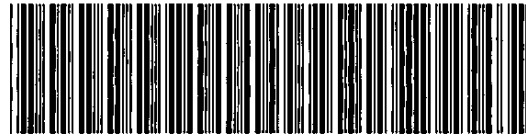
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/06--01017--005 **70.00

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06 JUN 30 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: Angela Turner 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: Angela Turner

Name (Printed or typed)

1813 SW Dalmation Ave

Address

Port St Lucie, FL 34953

City, State & Zip

954-253-7783

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:

Angela Turner Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1813 SW Dalmation Ave.
Port St Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Office Management

ARTICLE IV SHARES

The number of shares of stock is:

100 (One Hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angela Turner, Pres
1813 SW Dalmation Ave
Port St Lucie, FL 34953

ARTICLE VI REGISTERED AGENT

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

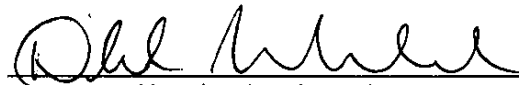
Debbie Mendelsohn
16192 - 73rd Ct N
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Turner
1813 SW Dalmation Ave
Port St Lucie, FL 34953

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



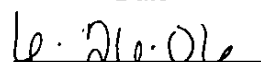
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
06 JUN 30 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA