P06000089945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800078671718

08/21/06--01036--021 **78.75

FILED
2006 AUG 21 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch AUG 21 2006

COVER LETTER

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

SUBJECT: Angel Clinic Supplies
(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: Juan D. Aguilar
Name (Printed or typed)

6921 NW 77 AV
Address

Miami, FL 33166
City, State & Zip

786-999-5822
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 Clinic Supplies Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6921 NW 77 AV. Miami FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clinic Supplies Sales.

ARTICLE IV SHARES

The number of shares of stock is:

1.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FILED
2006 AUG 21 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Ivono R. Aguilo. 6921 NW 77 AV.
Miami FL 33166
"Agent"

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Cotolino Muñoz. 5780 NW 186 St
Miami FL 33015.

****

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 — Date: 08/14/06

Cotolino Muñoz.
Signature/Incorporator — Date: 08/10/06