

P0600008945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

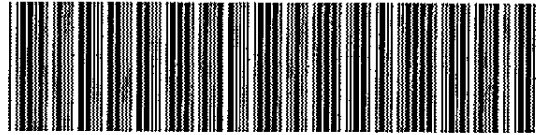
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 AUG 21 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 AUG 21 09:07  
T. Burch

## 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: LUONDO, E. Aguila  
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/mailling 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):

**ARTICLE VI REGISTERED AGENT**

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

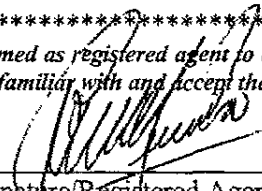
JUANITO E. AGUILO 6921 NW 77 AV.  
"Agent" MIAMI FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

COTOLINO MUÑOZ 5780 NW 186 ST  
MIAMI FL 33018.

\*\*\*\*\*  
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

08/14/06  
Date

COTOLINO MUÑOZ  
Signature/Incorporator

08/10/06  
Date

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