

PO6 000 118712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

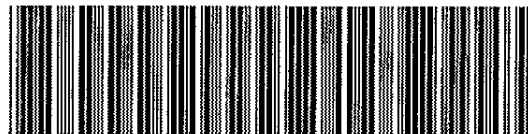
(Document Number)

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

Special Instructions to Filing Officer:

Angel Cardenas GAVE  
AUTHORIZATION BY PHONE TO  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 SEP 14 PM 2:02

FILED

T. Hampton SEP 14 2006

COVER LETTER

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

SUBJECT: Angel's Resort Management Resources  
(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: Angel Cardenas  
Name (Printed or typed)

59 Pine grove drive  
Address

Palm coast florida 32164  
City, State & Zip

386 206 6222  
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's Resort Management Resources *INC.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

59 Pine grove dr Palm Coast fl 32164

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Labour management

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angel Cardenas president  
59 Pine grove dr  
Palm coast fl 32164

## ARTICLE VI REGISTERED AGENT

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

Angel Cardenas  
59 pine grove dr  
palm coast fl 32164

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angel Cardenas  
59 Pine grove dr  
Palm Coast fl 32164

\*\*\*\*\*

*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

9/11/06

\_\_\_\_\_  
Date

9/11/06

\_\_\_\_\_  
Date

FILED

2006 SEP 14 PM 2:02

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TALLAHASSEE, FLORIDA