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(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: AUTHORIZATION BY PHONE TO CORRECT MICKLE TO DATE 1/3/07 DOC EXAM MRD				

Office Use Only



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COVER LETTER

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

SUBJECT: Angel Homevestors Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Kelley Aderholo Name (PO Box 2739			
Jampa Fl 33688 City, State & Zip				
Daytime Telephone number				
Please Call a Confirm Received 1-866 (00)- 7754 x 244				
1-866 (00)- 7754 x 244				
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)	
•	FILED
ARTICLE I NAME The name of the corporation shall be:	
Angel Homevestors, Inc.	07 JAN -2 PM 2:08
1111gC1 1-01112121015) = 1	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	TO THE STATE OF TH
Policipal place of outsiness maning address is.	
POBOX 273595, Tampa F1 3368 10008 N. Dale MAbry Hwy, Suite 110 Tampa, ARTICLE III PURPOSE	FL 518
The purpose for which the corporation is organized is:	a varil estate for
The purpose for which the corporation is organized is: Consultant in regards to buying & selling	investment.
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es), and specific title(s): Kelley Aderhold	·
1 mos N. Dale Maloy Huy, Suite 110	
Tampa F1 33618 President	
<u>ARTICLE VI REGISTERED AGENT</u>	
The name and Florida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the re 10008 N. Dule Mabry Huy, Suite 110 Tampa Fl 33618	
Helley Adorhold	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Kelley Aderhold 10008 b Dale Mabry Huy, Suite 110	
Tampa F133618	
**************************************	********
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
Voma (Classed)	Inlack
Signature/Registered Agent	
Long. Of alle ised	12/28/06
Signature/Incorporator	Date
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