

PO9000060758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

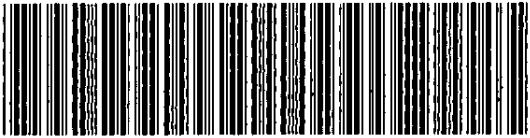
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 15 PM 3:30

APPROVED  
AND  
FILED

1/4

ORIGINAL

### COVER LETTER

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

**SUBJECT:** Angelfire Properties, 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:** Dena L. Rootes  
Name (Printed or typed)

PO Box 800.,  
Address

White Springs, FL 32096  
City, State & Zip

386-292-9387  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Angelfire Properties, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

786 NW Stephen Foster Dr., White Springs, FL 32096

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

**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):

Dena L. Rootes, PO Box 800., White Springs, FL 32096, President

**ARTICLE VI REGISTERED AGENT**

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

Dena L. Rootes, 786 NW Stephen Foster Dr., FL 32096

*White Springs* *DR*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dena L. Rootes, 786 NW Stephen Foster Dr., FL 32096

*White Springs* *DR*

\*\*\*\*\*

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

*Dena Rootes* *Dena Rootes*  
Signature/Registered Agent

*6-28-09*  
Date

*Dena Rootes* *Dena Rootes*  
Signature/Incorporator

*6-28-09*  
Date