

P120000037805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

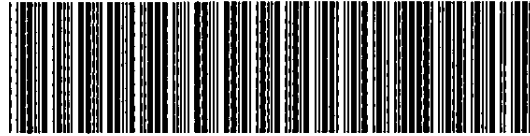
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/12--01034--006 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 20 AM 8:14

4/24
86

COVER LETTER

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

SUBJECT: Syerra's Angels, 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: June Phifer
Name (Printed or typed)
1523 NE 8th Ave
Address
Ocala, FL 34470
City, State & Zip
(352) 572-8732
Daytime Telephone number
jphifer29@gmail.com
E-mail address: (to be used for future annual report notification)

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

April 12, 2012

Department of State

New Filing Section

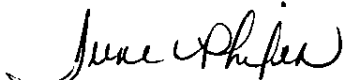
Division of Corporation

To whom it may concern,

I'm not planning on revoking Syerra's Angels, Inc (N11000005191) , but hereby release the name to the new corporation.

Sincerely,

June Phifer



Owner

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORP. AFFAIRS
12 APR 20 AM 8:14

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:

Syerra's Angels, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1523 NE 8th Ave

Ocala, FL 34470

Mailing address, if different is:

5772 NE 4th Pl

Ocala, FL 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Opening a small residential Habilitation (group home) and agency to assist people with disabilities.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: June Phifer

Address: 5772 NE 4th Pl

Ocala, FL 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: June Phifer

Address: 5772 NE 4th Pl

Ocala, FL 34470

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

June Phifer
Required Signature/Registered Agent

4/12/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

June Phifer
Required Signature/Incorporator

4/12/12
Date

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DIVISION OF CORPORATIONS
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