

P12000087417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

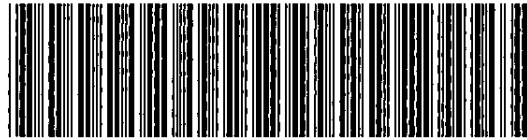
(Business Entity Name)

(Document Number)

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

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09/21/12--01013--011 \*\*87.50

11/16/12  
48941

FILED  
12 OCT 15 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/16/12  
9

## COVER LETTER

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

SUBJECT: ANGEL'S ROAD, 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: TERESSA ROSE SPADA  
Name (Printed or typed)

1512 PIONEER TR. #2  
Address

NEW SMYRNA BEACH, FL. 32168  
City, State & Zip

386-957-3682  
Daytime Telephone number

TERRISPADA@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 OCT 15 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 24, 2012

TERESSA ROSE SPADA  
1512 PIONEER TR #2  
NEW SMYRNA BEACH, FL 32168

SUBJECT: ANGEL'S ROAD, INC.  
Ref. Number: W12000048941

We have received your document for ANGEL'S ROAD, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00023788

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: ANGELS ROAD, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
TERESSA ROSE SPADA  
1512 PIONEER TR.  
NEW SMYRNA BCH, FL  
32168

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Housekeeping, meal Preparation for elderly and  
end of life PATIENTS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TERESSA ROSE SPADA  
Address: 1512 PIONEER TR  
NEW SMYRNA BCH  
FL 32168

Name and Title: President  
Address: SAME

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: PATRICIA BERNOT  
Address: 600 GOODWIN AVE  
NEW SMYRNA BCH, FL  
32169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TERESSA ROSE SPADA  
Address: 1512 PIONEER TR. #2  
NEW SMYRNA BEACH, FL  
32168

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

Patricia Bernot

Required Signature/Registered Agent

9/18/12

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.

Teressa Rose Spada

Required Signature/Incorporator

9-18-2012

Date