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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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SECONDARY OF STATE
TALLAHASSEE, FLORIDA

W13-33897

SEP 30 2013

S. PRATHER

COVER LETTER

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

SUBJECT: Angele's Assisted Living Facility, 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: Nayra Nario

Name (Printed or typed)

1492 Egret Rd.

Address

Homestead, Fl. 33035

City, State & Zip

786-234-3055

Daytime Telephone number

angelitosbus@gmail.com

E-mail address: (to be used for future annual report notification)

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

AFFIDAVIT


In the State of FLORIDA

County of Miami-Dade

I **Nayra Nario**, of 1492 Egret Rd Homestead, Florida 33035 and President of **Angeles Assisted Living Facility, Inc.** make an oath and say that:

I have no intensions of reinstating my dissolved corporation **Angeles assisted Living Facility, Inc.**

X



Nayra Nario

09/23/13

Date

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: Angele's Assisted Living Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1492 Egret Rd.

N/A

Homestead, Fl. 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.
"Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nayra, Nario (President / Secretary)

Name and Title: Lisbeth Basnuevo (VP / Secretary)

Address: 1492 Egret Rd.
Homestead, Fl. 33035

Address: 1492 Egret Rd.
Homestead, Fl. 33035

Name and Title: N/A

Name and Title: N/A

Address: _____

Address: _____

Name and Title: N/A

Name and Title: N/A

Address: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: N/A Name and Title: N/A
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nayra Nario
Address: 1492 Egret Rd.
Homestead, Fl. 33035

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Nayra Nario
Address: 1492 Egret Rd.
Homestead, Fl. 33035

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

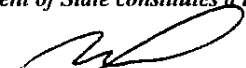


Required Signature/Registered Agent

09/23/2013

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.



Required Signature/Incorporator

09/23/2013

Date