

P/6000009259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

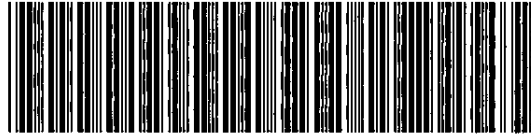
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 22 PM 2:46

h 02/02/16

COVER LETTER

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

SUBJECT: Guardian Angel Alpacas, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: John M. Previte
Name (Printed or typed)

4328 Tiburon Drive
Address

New Port Richey FL 34655
City, State & Zip

727 375-0662
Daytime Telephone number

jprevite@verizon.net
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: Guardian Angel Alpacas, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

4328 Tiburon Dr

New Port Richey FL 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to breed and produce healthy livestock with the finest fiber, great density of fleece and rich confirmation to sell livestock, fleece and other products to potential customers.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John M. Previte / President

Address 4328 Tiburon Dr

New Port Richey FL 34655

Name and Title: Paige L. Previte / Vice President

Address: 4328 Tiburon Dr

New Port Richey FL 34655

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John M. Previte
Address: 4328 Tiburon Dr
New Port Richey FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John M. Previte
Address: 4328 Tiburon Drive
New Port Richey FL 34655

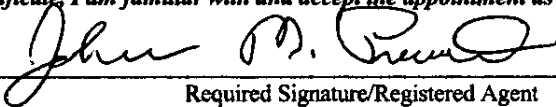
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

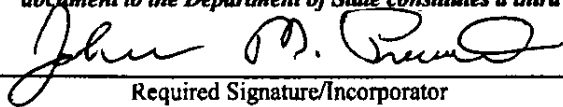


Required Signature/Registered Agent

1/19/16

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

Date

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