Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000959583)))



H160000959583AFICA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co	rporations
•	Fax Number	: (850)617-6381
rom:		
	Account Name	; LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number	: I29000000019
	Phone	: (305)552-5973
	Fax Number	. /205/675 -5044
	, , , , , , , , , , , , , , , , , , ,	-, Coo)(0:0)
**Ente	r the email addr	ess for this business entity to be used for fyture
â	nnual report mai	lings. Enter only one email address please
ć	umar Lebour War	'rings' cure. Outh oue email address brease

RECEIVED
APR 18 PH 2: 2

## FLORIDA PROFIT/NON PROFIT CORPORATION ANGEL PLUMBING & SERVICE CORP

The state of the s	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

R

Electronic Filing Menu

Corporate Filing Menu

Help

11919

## H16000095958

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:
Angel Plumbing & Service corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  15430 SW 284 ST Unit 306  Homestead FL 33033
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
P- Angel Lazoro Gonzalez VP-Angel Eduardo Calzado Fernandez
VP Angel Eduardo Calzado Fernandez
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Angel Lazoro Gonzalez
15430 SW 284 ST Unit 306
Homestead FL 33033
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Angel Lazoro Gonzalez
15430 SW 284 ST Unit 306
Homestead FL 33033
N16000095958

H16000095958

## Required Signatures:

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
appointment as registered agent and agree to act in this capacity

Registered Agent

OCI-15-16

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.87.155, F.S.

Incorporator

04-15-16 Date

16 APR 18 PM 1: 14

SECRETARISSEE, FLORIDA