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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
ANGEL'S Place Inc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2018 MAY -8 PM 5:07

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

2018 MAY -8 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

MAY 09 2018

K. Brumbley

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

Angels Place LLC

of Document # L18000001296

are the same owners of the attached articles of incorporation.
We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Angel Hill

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Angel's Place Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4265 Randall BlvdNaples FL 34120**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Idalmys Luaces PresidentIdael Garcia V.P.**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Idalmys Luaces4265 Randall BlvdNaples FL 34120**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Idalmys Luaces4265 Randall BlvdNaples FL 34120SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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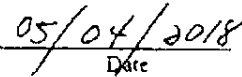
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Required Signatures:

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

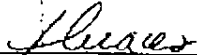


Registered Agent

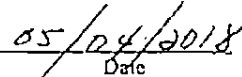


Date

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.



Incorporator



Date

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