## P19000060865

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

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

| SUBJECT:             | Angel On Inc                                   | ATE NAME - <u>MUST INCL</u>                 | ÜDE SUFFIX)  |
|----------------------|--|---|--|
| Enclosed are an orig | ginal and one (1) copy of the ar               | ticles of incorporation and                 | I a check for:   |
| S70.00 Filing Fee    | ☐ \$78.75 Filing Fee & Certificate of Status   | \$78.75 Filing Fee & Certified Copy         | \$87.50<br>Niling Fee,<br>Certified Copy<br>& Certificate of<br>Status |
|                      |  | ADDITIONAL COPY REQUIRED                    |  |
| 7                    | Shimal Rate<br>Howtment #6210<br>405 Southwood | e (Printed or typed)  Plantation Re Address | 50d  |
| Z                    | allahasse Flor<br>City                         | oclo 32311<br>State & Zip                   |  |
|                      | 215 - 450 - 5916<br>Daytime                    | Telephone number                            |  |
|                      | pate 15him agmi                                | 1.Com<br>ed for future annual report r      | 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)

|  | rporation shall be: <u>Angel O</u><br>RINCIPAL OFFICE                                     |  |                                       | _ <del>_</del> |
|--|---|--|---------------------------------------|----------------|
| 1men+46210   | Principal <u>street</u> address  Howcod Plantation Road                                   | Mailin   | ng address, if different is:          |                |
| •  | ee Florida 32314  |  |                                       |                |
| ARTICLE III PU   | IRPOSE  nich the corporation is organized is:   | Station  |                                       |                |
|  |   |  | P <sub>G</sub>                        | 201            |
|  | <del></del>   | ·····  | ————————————————————————————————————— | 2019 1116      |
| <del></del>  | <del></del>   | <del></del>  | HASSI                                 | · -            |
| <del></del>  |   |  |                                       |                |
|  |   |  |                                       | ; 7            |
|  |   |  |                                       |                |
|  | es of stock is: 100   |  |                                       | ते द           |
| The number of share ARTICLE V IN Name and Qo             | Title: Shimas Retel [P]   | Name and Title:                                      |                                       |                |
| The number of share ARTICLE V IN                         | es of stock is: 100  ITTIAL OFFICERS AND/OR DIRECTORS  Title: Shimal Refer [ ]            | Name and Title:Address:                              |                                       |                |
| The number of share and Name and Qo                      | Title: Shimal Retel [P] HOS Santhural photolical  | Name and Title:Address:                              |                                       |                |
| The number of share ARTICLE V IN Name and Qo' Address    | Title: Shimal Retel [P] HOS Santhural photolical  | Name and Title: Address:                             |                                       |                |
| The number of share  ARTICLE V IN  Name and  Qo  Address | Title: Shimal Retei [. P. ].  144 6210  1405 Sarthurad philatria  Tallamssee Fraida 32311 | Name and Title: Address:  Name and Title:            |                                       |                |
| The number of share and ARTICLE V IN Name and Name and   | Title:  | Name and Title: Address:  Name and Title:            |                                       |                |
| ARTICLE V IN  Name and  Address  Name and  Address       | Title:  | Name and Title:  Address:  Name and Title:  Address: |                                       |                |

| Name and               | Title:   | Name and Title:                       |   |
|------------------------|--|---------------------------------------|---|
| Address                |  | Address:                              |   |
|                        |  |                                       |   |
|                        |  |                                       |   |
|                        |  |                                       |   |
|                        | <u>EGISTERED AGENT</u><br>rida street address (P.O. Box NOT acceptable                             | e) of the registered agent is:        |   |
| Name:                  | Shimal Patel   |                                       |   |
| Address:               | Applachee Point Apar   | OISO # HEME                           | ~2                                      |
|                        | 1405 Southwood pking   | icition Ad                            | 10 mg                                   |
| <u>ARTICLE VII - I</u> | Tallahassee Florida  |                                       | MG-7                                    |
| The name and add       | Iress of the Incorporator is:  |                                       | SEE G                                   |
| Name:                  | Shimal Patel<br>got # 6210   |                                       | LED HID: 40 ARY OF STATE SSEE. FLOORING |
| Address:               | 1405 Southward plant   | ITON HO                               | 260                                     |
|                        | _Tallahassee_Flurida   | _32311                                |   |
| Effective date, if c   | EFFECTIVE DATE: ther than the date of filing:  |                                       |   |
|                        | nserted in this block does not meet the applier<br>fective date on the Department of State's recor | · · · · · · · · · · · · · · · · · · · | s, this date will not be listed as      |
|                        | ed as registered agent to accept service of pro<br>m familiar with and accept the appointment as   |                                       |   |
|                        | Required Signature/Registered Agent  |                                       | 817/2019                                |
|                        |  |                                       | Date                                    |
|                        | ment and affirm that the facts stated herein epartment of State constitutes a third degree f       |                                       |   |
|                        | ed Signature/Incorporator  | <del></del>                           | 817/2019<br>Date                        |