

P2000048273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

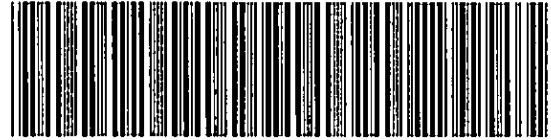
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/19/20--01011--000 **78.75

Derrick Thompson

COVER LETTER

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

SUBJECT: Angel Maung Corp.,
(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: Sein Maung Myint
Name (Printed or typed)

18 A Bren Mar Lane
Address

Palm Coast, FL 32137
City, State & Zip

503-586 3707
Daytime Telephone number

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: Angel Maung Corp.,

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

18 A Bren Mar Lane
Palm Coast, FL 32137

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail business-- Make sushi boxes and sell it.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Sein Maung Myint</u>	Name and Title:	_____
Address	<u>President</u>	Address:	_____
	<u>18 A Bren Mar Lane</u>		_____
	<u>Palm Coast, FL 32137</u>		_____

Name and Title:	<u>Sein Maung Myint</u>	Name and Title:	_____
Address	<u>Director</u>	Address:	_____
	<u>18 A Bren Mar Lane</u>		_____
	<u>Palm Coast, FL 32137</u>		_____

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

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: Sein Maung Myint
Address: 18 A Bren Mar Lane
Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

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

Name: Sein Maung Myint
Address: 18 A Bren Mar Lane
Palm Coast, FL 32137

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 days prior or 90 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

May 10 9 / 2020
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 May 10 9 / 2020