Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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.

Email.	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION **ANGLO PROPERTIES & SERVICES CORP**

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

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Anglo Proporties & services c	CORKI
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address	s is:
168 NE 206 LN # 102	
Hami FL 33179	:
RTICLE III SHARES: The number of shares of stock is:	100
APTICLE III	
ARTICLE IV INITIAL DIRECTORS AND/OR O	FFICERS:
Gloria A. Torras (<u> </u>
Ana Maria Castaña	70 (VP)
	
ARTICLE V INITIAL REGISTERED AGENT AND STR	
ne name and Florida street address (PO Box not acceptable) of the	
Gloria A Torres 468 NES	206 LN #102
Miani p	33179
ARTICLE VI INCORPORATOR: The name and address of	*ho f====================================
~ n	
WILLIAM TOTAL	- 206 LN #102 -L 3317a
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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 familia: with and accept the appointment as registered agent and agree to act in this capacity

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. 01-12-202/ Date

Incorporator