

P21000057806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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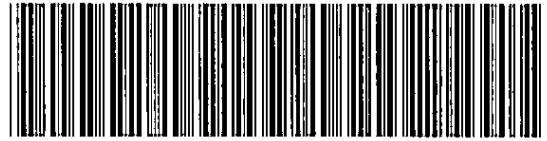
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: LITTLE ANGEL TRANSPORTATION SERVICES INC.
(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

☒ \$78.7
Filing Fee:
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: PATRICK CORIOLAN
Name (Printed or typed)

6625 WOODS ISLAND CIRCLE #308
Address

PORT ST. LUCIE FL. 34952 - 4
City, State & Zip

561-294-8288
Daytime Telephone number

CORIANP570@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
STATE

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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: LITTLE ANGEL TRANSPORTATION SERVICES INC.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6625 WOODS ISLAND CIRCLE
PORT ST. LUCIE FL 34952
APT. 308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE CORPORATION IS TO PROVIDE TRANSPORTATION
SERVICES TO THE DISABLE INDIVIDUALS WHO ARE IN NEED OF
TRANSPORTATION IN THE IMMEDIATE COMMUNITY AT A
DISCOUNT.

ARTICLE IV SHARES

The number of shares of stock is: 100

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK CORIOLOAN Pres Name and Title:

Address: 6625 WOODS ISLAND CIRCLE Address:

PORT ST. LUCIE FL # 308
34952

Name and Title: Name and Title:

Address: Address:

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: PATRICK CORIO LAN
Address: 6625 WOODS ISLAND CIRCLE
PORT ST. LUCIE FL 34952 #308

ARTICLE VII INCORPORATOR

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

Name: PATRICK CORIO LAN
Address: 6625 WOODS ISLAND CIRCLE
PORT ST. LUCIE FL 34952 #308

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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 business days prior or 90 business 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

Patrick Coriolan
Required Signature/Registered Agent

6/5/21
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.

Patrick Coriolan
Required Signature/Incorporator

6/5/21
Date