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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 : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

2022 AUG -1 AM 1:52

FLORIDA PROFIT/NON PROFIT CORPORATION
ANGELS CHURROS CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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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:

ANGELS CHURROS CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

8520 SW 150TH AVE**APT 109****MIAMI FL 33193****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

'ANY AND ALL LAWFUL BUSINESS'**ARTICLE IV SHARES**

The number of shares of stock is:

500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **NELSY DISOTUAR/PRESIDENT**

Name and Title:

Address

8520 SW 150TH AVE

Address:

APT 109**MIAMI FL 33193**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NELSY DISOTUAR
Address: 8520 SW 150TH AVE APT 109
MIAMI FL 33193

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NELSY DISOTUAR
Address: 8520 SW 150TH AVE APT 109
MIAMI FL 33193

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

07/21/2022

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

07/21/2022

Date

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