

9/1/22, 11:42 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NONNA'S ANGEL INC

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

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Help

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: NONNA'S ANGEL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
10011 SW 62 ST	
MIAMI, FL 33173	

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MARIA E. MARTINEZ (P/S)	Name and Title:	
Address	10011 SW 62 ST	Address:	
	MIAMI, FL 33173		
Name and Title:	HUMBERTO MARTINEZ (VP)	Name and Title:	
Address	10011 SW 62 ST	Address:	
	MIAMI, FL 33173		
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: EDWARD JORDANAddress: 255 ALHAMBRA CIRCLE STE: 500CORAL GABLES, FL 33134**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIA E. MARTINEZAddress: 10011 SW 62 STMIAMI, FL 33173**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*/s/ Edward Jordan
Required Signature/Registered Agent*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.*/s/ Maria E. Martinez
Required Signature/Incorporator

Date _____

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