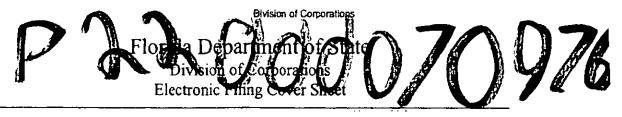
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Division of Corporations

From: +19544207118 (TAX S PRO)

Fax Number

: (850)617-6381

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733

: (954)420-7118 Fax Number

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION ANGEL DEL SOL CORP

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To: +18506176381

ANGEL DEL SOL CORP

**COVER LETTER** 

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

SUBJECT:			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one	(I) copy of the articles of incorporation and a check for	:	
			· · ·
<b>3</b> \$70.00	□ <b>\$</b> 78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY KEQUIKED
rn o	TAX	S PRO CORP	
FROM: _	Name (Printed or typed)		
		•	
	8030	PINES BLVD	
		Address	
	PEMBROKE PIN		024
	City,	State & Zip	
	786-31	072733	
		elephone number	
	- , ,		
	INFO@TAX	SPRO.COM	
	E-mail address: (to be used	for future annual report r	otification)
			<i>:</i> .
	$\phi^*$		•
	NOTE: Please provide the or	riginal and one copy of	the articles.

9899 CED 12 AM 7.2

To: +18506176381

Sep 13, 2022 16:19 (UTC-04) From: +19544207118 (TAX S PRO)

Name and	Title:	Name and Title:	<del></del>
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	TAX S-PRO-CORP	_	
Address:	8030 PINES BLVD		
	PEMBROKE PINES, FL 33024	<del>-</del> 	
ARTICLE VII II	NCORPORATOR		
The <u>name and add</u>	ress of the Incorporator is:		
	ANGEL DEL SOL MORALI	ES	
Address:	5055 NW 7 ST, APT 703		
	MIAMI, FL 33126	_	
ARTICLE VIII   Effective date, if or (If an effective date)	ther than the date of filing:  te is listed, the date must be specific and cannot	. (OPTIONAL)  ot be more than five days prior of	90 days after the
	nserted in this block does not meet the applicable ective date on the Department of State's records.		date will not be listed as
	d as registered agent to accept service of process f niliar with and accept the appointment as register		
	10.		09/12/22
<del></del>	Required Signature Registered Agent		Date
	ment and affirm that the facts stated herein are epartment of State constitutes gehird degree felon		formation submitted in a ::
	(Lisatt)		09/12/22
Required Signature	Incorporator	Date	<b>2</b> 140
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			$\frac{3}{3}$
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			<b>₹</b> [

To: +18506176381

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

of the corporat		·	
EII PRINC	Principal street address T, APT 703	Mailing a	iddress, if different is:
		EGEE NIV	7 ST, APT 703
AMI, FL	33126		FL 33126
	<u> </u>	WITAIVII,	FL 33120
III PURPO	DSE he corporation is organized is:		
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ALVE ALL	L LAWFOL BUSINESS		
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IV SHAR	ES		
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