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 : I200000000019

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:			
	AUG: 635.			

FLORIDA PROFIT/NON PROFIT CORPORATION LITTLE ANGELS BUS SERVICE INC

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

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Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

LITTLE ANGELS BUS SERVICE INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
2951 NW 71 ST APT 2	
MIAMI FLORIDA 33147	
ARTICLE III SHARES: The number of shares of stock is: 100	 ,
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
HAYDEE FERNANDEZ MATOS (P)	
	<u>-</u>
	-
	-
	-
	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	-
The name and Florida street address (PO Box not acceptable) of the registered agent	
HAYDEE FERNANDEZ MATOS	19,
2951 NW 71 ST APT 2	1
MIAMI_FLORIDA 33147	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	is:
HAYD <u>EE FERNANDEZ MATOS</u>	_
2951 NW 71 ST APT 2	_
MIAMI FLORIDA 33147	-

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 familiar with and accept the appointment as registered agent and agree to act in this capacity

> Registered Agent 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.