

P230000/3501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

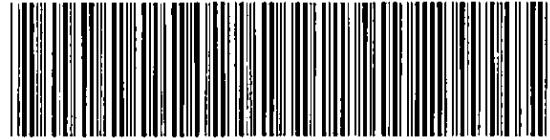
(Document Number)

: Copies _____

Certificates of Status _____

at Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB 21 PM 1:30

DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

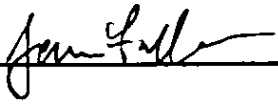
FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ 578.75

AUTHORIZATION: _____

ANGELS CARE USA CORP

Business Name


Document Number, (if known):

___ Walk in

___ Pick up time

___ Mail out

___ Will wait ___ Photocopy

___ Certified Copy of Articles of Organization

☒ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

☒ CORP

___ PLLC

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution

___ Merger

___ Conversion

___ Amended and restated Articles

Statement of Authority

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL() ___
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

ANGELS CARE USA CORP

SUBJECT: _____
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee.
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: FLOR LOZANO DUGGER

Name (Printed or typed)

241 HAMMOCK OAK CIRCLE

Address

DEBARY, FLORIDA 32713

City, State & Zip

904-382-0889

Daytime Telephone number

2D CONSULTINGENTERPRISE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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: ANGELS CARE USA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6236 KINGSPORTE PKWY SUITE 8
ORLANDO FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE COMPANY IS ORGANIZED TO PROVIDE CHILD CARE IN NEED AND DO ANY OTHER LEGAL
ACTIVITY AND INVESTMENT.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVARO DUARTE - PRESIDENT

Name and Title: _____

Address 6236 KINGSPORTE PKWY suite 8
ORLANDO, FL 32819

Address: _____

LEYVA D CONTRERAS GARCIA - VICE PRESIDENT

Name and Title: _____

Name and Title: _____

Address 6236 KINGSPORTE PKWY suite 8
ORLANDO, FL 32819

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: ALVARO DUARTE
Address: 6236 KINGSPONTE PKWY suite 8
ORLANDO, FL 32819

ARTICLE VII INCORPORATOR

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

Name: ALVARO DUARTE
Address: 6236 KINGSPONTE PKWY suite 8
ORLANDO, FL 32819

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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 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

Alvaro Duarte

Required Signature/Registered Agent

02/21/2023

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.

Alvaro Duarte

Required Signature/Incorporator

02/21/2023

Date