Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 120030000043

Phone

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FLORIDA PROFIT/NON PROFIT CORPORATION TLC ANGELS DISTRIBUTION INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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

ARTICLE 1 NAME The name of the corporati	on shall be:	TLC ANGELS DISTRIBUTION INC.				
1 OCEANS W	IPAL OFFICE Principal <u>street</u> address /EST BLVD., APT <u>3</u> , BEACH, FL <u>32118</u>	A5	1 00	Mailing address, if EANS WEST E AYTONA BEAC	3LVD., APT 3A5	
ARTICLE III PURPO The purpose for which th	SE ne corporation is organ		ANY LAW	FUL PURF	POSE	
						<u> </u>
						_
ARTICLE IV SHARE The number of shares of shares	stock is:	200 NPV				
Name and Title	DEANNA BOCCA 1 OCEANS WEST DAYTONA BEA	T BLVD., APT 3A5	Address:			_
Name and Title:			Name and Title: Address:			_ .
Name and Title: Address					3 JUL 27 PH 12: 3	

Nama and T	Title:	Name and Title:		
Address				
ARTICLE VI RE	<u>EGISTERED AGENT</u> Ida street address (P.O. Box NOT acceptable) of	the registered agent is:		
	DEANNA BOCCARD	the registered agent to.		
Name:	1 OCEANS WEST BLVD., APT 3A5		S 20	
Address:	DAYTONA BEACH, FL 32118		2023 JUL 27 SEC(
-	DATTONA BEAGII, TE 32110			
ARTICLE VII _ IN	'CORPORATOR		•	
he name and add	ress of the Incorporator is:		PH	
Name:	LAWRENCE A. KIRSCH		PHIZ: 31	
Address:	41 STATE STREET, SUITE 700		EE 97	
Addiess,	ALBANY, NY 12207			
www.co.p.u.u.	SEPECTIVE DATE			
Effective date, if ot	FFECTIVE DATE: her then the date of filing: e is listed, the date must be specific and canno	. (OPTIONA	AL)	
(11 un effective dat Tling.)	e is listed, the date must be specific and cando	t be more than five day	a prior or 50 days after the	
	serted in this black does not meet the applicable	statutory filing requirem	ents, this date will not be list	ed a
he document's offe	ective date on the Department of State's records.			
Having been named certificate, I am fan	l as registered agent to accept service of process fo niliar with and accept the appointment as register	or the above stated corpor ed agent and agree to act	ation at the place designated in this capacity	in t
/	'S/ Deanna Boccard		07/27/2023	}
	S/ Deanna Boccard Required Signature/Registered Agent		Date	
l submit this docur document to the De	nent and affirm that the facts stated herein are partment of State constitutes a third degree felong	true. I am aware that th v as provided for in s.817.	e false information submitte 155, F.S.	ed ir
				3