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TRANSMITTAL LETTER

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

900002166359--7 -05/05/97--01129--017 ****131,25 ****131.25

SUBJECT: Angell	Corporation		
(Prop	osed corporate name - must include suffix)		٠.
for : \$70.00 [d one (1) copy of the articles of incorporation and \$78.75 \$122.50 \$X \$131.25 Filling Fee Filling Fee Filling Fee, Certified Copy & Certificate	d a chec 97 MAY	k SON
FROM:	Bruce W. Angell	2	
· From:	Name (printed or typed) 245 Cambridge Drive	AH 10: 23	ED OF STAT Properti
	Address	ယ	3= 1
•	Longwood, Florida 32779		٠ 🚜
	City, State & Zip		
•	(407) 629-4900		•
	Daytime Telephone number		•

1/2/2/2,

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Angell Corporation

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

245 Cambridge Drive Longwood, Florida 32779

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bruce W. Angell 245 Cambridge Drive Longwood, Florida 32779

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ha T Angell 245 Cambridge Drive Longwood, F1 32779 Pamela B. Angell 319 Marjorie Blvd. Longwood, F1 32750

The undersigned incorporator(s) has (have) executed these Articles of incorporation this

1st _____day of ______, 19 97 _____

D-Chrosle

B. Angell

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	1.1 The name	e of the corporation is: Angell Corporation	~
	2. The nam	e and address of the registered agent and office is:	
OF STATE FROM THE SA		Name) 245 Cambridge Drive (P.O. Box not acceptable)	
THE TARY OF STATE OF THE STATE	ָר כ	Longwood, Florida 32779. (City/State/Zip)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bave W. Agell May 1, 1997
(Signature) (Date)