

MARK A. GABRIEL  
480 S.E. 8 Avenue  
Pompano Beach, FL. 33060  
(954) 781-8816

P99 000038244

April 20, 1999

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-04/23/99--01049--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

Subject: Angel Services, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 78.75,  
Filing Fee & Certificate of Status.

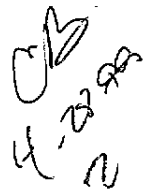
FROM: Mark A. Gabriel  
480 S.E. 8 Ave.  
Pompano Beach, FL. 33060  
(954) 781-8816

Should you have any questions, please contact me at the above address and phone number.

Thank You,

  
Mark A. Gabriel

FILED  
99 APR 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
4-23-99

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: Angel Services, Inc.

### ARTICLE II PRINCIPLE OFFICE

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

480 S.E. 8 Ave.  
Pompano Beach, Fl. 33060

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

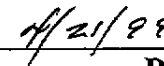
Mark A. Gabriel  
480 S.E. 8 Ave.  
Pompano Beach, Fl. 33060

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

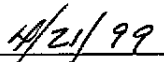
Mark A. Gabriel  
480 S.E. 8 Ave.  
Pompano Beach, Fl. 33060

  
Signature/Incorporator

  
Date

*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.*

  
Signature/Registered Agent

  
Date

FILED  
99 APR 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA