## TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323	•	00108	O PORCIO ME 8: 15
	,		
SUBJECT: _	(D1		<u> </u>
	CAROL'S	•	TNC, 10003066689-8 -12/10/99-01051-018 *****87.50 *****87.50
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c	heck for
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	CAROL J, X	ERRMAN inted or typed)	
	2246 N.E	E. 20 St.	reet
	Fort Laur	ddress Ler Me le, Fla State & Zip	ORIDA 33305
	954 5613	3063	

M. C. C. S. 1999

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose 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	-	
CAROL'S ANGELS IN	CE	99 DEC
ARTICLE II PRINCIPAL OFFICE	超	
The principal place of business and mailing address of this corporation shall be:  2246 N.E. 20 STICET.  FORT LAUDERDALE, FLORIDA 33305	ARY OF STA SSEE, FLOA	FILED 10 AM 8:
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at an		5
100	ny one time is:	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRI	ESS	
The name and Florida street address of the initial registered agent are:  (ARIL J. HERRINAN  2246 NE 3051  43305		
ARTICLE V INCORPORATOR		
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:  CAROL J. HERRINAN  2246 NE 20 Street		
FORT LAUDERDALE, FLORIDA 33305		
Caral J. Herrman 12/1/9.	g	= <u>.</u>
Signature/Incorporator Da	ıte	

(An additional article must be added if an effective date is requested.)

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 negistered agent

Signature/Registered Agent

Date