Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION LITTLE ANGELSM INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:		
Little Angelsm inc		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
Homestead FC 33032		
ARTICLE III SHARES: The number of shares of stock is: OC	- ·	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Johana Zeledon - P	2(==
	7024 JAH 27	IALLAHASSE
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	1	RIDA
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
24961 SW 118 CT Homestead FL 33032		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Johana Zeledon		
24961 SW 11BCT		
Homestrad II 33030		

Required Signatures:

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

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 S ate constitutes a third degree felony as provided for in s.817.155, F.S.