

August 11, 1995

Corporate Records Bureau Division of Corporations P.O. Box 6327 Tallahassoo, FL 32314

RE: Homo Maid, Inc. 950725252524

W95-16650

Dear Sir or Madam:

Enclosed please find:

90000115505555 -03/15/95--01096 -015 *****70.00 *****70.00

-Application of Authority -Cortificate of Good Standing -payment of \$70.00

Please file and return all related correspondence to my attention at the address listed above.

Please feel free to contact me directly at 1-302-575-0440, with questions regarding the enclosed application.

Sincerely,

Ausan P. Rosenthal

Corporate Service Representative

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 17, 1995

SUSAN P. ROSENTHAL THE COMPANY CORPORATION 3 CHRISTINA CENTRE, 201 N WALNUT ST WILMINGTON, DE 19801

SUBJECT: HOMEMAID, INC. Ref. Number: W95000016650

We have received your document for HOMEMAID, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 795A00038739

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned <u>Vice President and Treasurer</u>, do hereby certify that this resolution of the Board of Directors of <u>HomeMaid</u>, <u>Inc.</u> a corporation duly organized and existing under the laws of the State of <u>Delaware</u>, was duly adopted on <u>August 30</u>, 1995.

Resolved, that <u>HomeMaid, Inc.</u>, organized and existing in the State of <u>Delaware</u>, hereby adopts the name <u>Maid at Home, Inc.</u> for use in Fiorida.

Dated: Cuguat 30 1995

Member of the Board of Directors

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT PUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Home: MAID III Name of corporation: must interest in least or partnership if not so contains	clude the word INCORPORA anguage as will clearly indic ad in the name at present.)	NTED", "COMPANY", "CORPO nto that it is a corporation in	DRATION* or words or stead of a natural person
2. DE AVARE (State or country under the law 4. 7)25/75 (Date of Incorporation)	of which it is incorporated)	3. Apollen For	ablo)
(Date of Incorporation)	Durat	on: Year corp. will cease to	exist or "perpetual")
6. September 3	1. 1975		
	•		
7. 124 MEADOW	BIND		
SONEDON EI	30771		;
SANFORD FL	urrent mailing address)		; 1
8. House CLEANING S IPurposels) of corporation a CuRPORA LIONS M 9. Name and street addr Name:			a sum of Florida)
Office Address:	200 A John Knox Rd.		
		, Florida ,	32303-6643
			(Zip Code)
10. Registered agent's a	cceptance:		
Having been named as regional corporation at the place de registered agent and agree of all statutes relative to the with and accept the obligati	istered agent and to acc esignated in this applic to act in this capacity. The proper and complete p	ation, I hereby accept further agree to comp performance of my dut	the appointment as ly with the provisions
	see attached		
	(Registered agent's signatu	re)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Name addr	es and addresses of officers and/or directors: (Stroot
A. DIRE	CTORS (Street address only- P. O . Box NOT accepts	mble)
Chairman:	DONAGE L. JOHNSON	
Address:	124 MEDROW BLUE.	
	SANFORD FL. 32771	
Vice Chair	man: Charus R. Johnson	
Address: _	124 DEADON BLAD.	
	SANFORD FL. 32771	
Director:		
Address: _		
_		
Director:		
Address: _		···-
,-		
	(Street address only- P. O. Box NOT acceptable)	
	MOZANST. J AGGG.	
Address:	124 MERROW BLUD,	10
	SHATURD FL SATT	3 "
	ient: ZDWYFZ W. GOVOZON	
Address:	124 MEMOUN BLUD,	<u>:-</u> ."
	SANTORD FL. 32771	<u>Ç</u>)
Secretary:	MONDAL CICIDADANA	- /
Address:	1.24 MENDON BLUD.	
	SANFORD FL. 32771	
Treasurer:	Charles K. Johnson	
Address:	134 WENDON BEND SUNTORD ET 37771	
NOTE: If no listing add	ecessary, you may attach an addendum to the applicational officers and/or directors.	ation
13. (Signa	ture of Chairman, Vice Chairman, or any officer listed in m	unber
()		
14. Typed	or printed name and dapacity of person signing application)	

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICLE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this	Homemald,	Inc.	
desiring to organize	under the laws o	of the state of Florid	a with its principal place of
business located in t	he city ofS	anford	, State of
Florida, has named	Larry Wolfe loca	nted at 200 - A John	Knox Road, Tallahassee FL
32303-6643 as its ag	ent for service o	f process within Flor	ida.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Larry Wolle

09/12/95 Date

> ... 63 63

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREDY CERTIFY *HOMEMAID, INC.* IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, ሰ. በ. 1995.



Edward J. Freel, Secretary of State

AUTHENTICATION: 7605330

DATE: 08-11-95



COMPANY CORPORATION

1313 N. Market Sucer. • Wilmington, Delaware 19801-1151. • Telephone: (302) 575-0440. • Faxi (302) 575-1346.

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Corporate Records Bureau Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: HomeMaid, Inc. 9507252525524

000002025040--3 -12/10/96--01127--020 *****35.00 *****35.00

Dear Sir or Madam:

Enclosed please find A Statement of Change of Agent (and related documents, if appropriate) and our check in the amount of \$35.00 for HomeMaid, Inc.

Please file at your earliest convenience and return confirmation to my attention at the address which is listed above.

Please feel free to contact me directly at 1-302-575-0440, ext.7003, with questions regarding the enclosed applications

Sincerely, Ean J. Lockhart

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Service Representative

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Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
2. The mailing address of the corporation is: 124 Meadow Blvd.
Sanford, F2 32771
3. Date of incorporation/qualification: 9/18/95 Document number: F9500004478 4. The name and address of the current registered agent and office:
Larry Wolfe 50 50
Hit ' install
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Charles R. Johnson
101 Southall Lane Suite 210
Maitland FL 32751
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, cliairman of the board) (Date)
DONNA L. JOHNSON PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Charle (Signature of Reg(styled Agent) Notwing 14 1996 (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: \$35.00