

# P00000093485

## TRANSMITTAL LETTER

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

600003411516--6  
-10/02/00--01111--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT:** Amazon Home & Condo Care, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one(1) copy of the articles of incorporation and a check 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 COPY REQUIRED**

**FROM:** Deborah Ward  
Name (Printed or typed)

621 93rd Ave N  
Address

Naples, FL 34108  
City, State & Zip

941-513-0771  
Daytime Telephone number

FILED  
00 OCT -2 PM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED OCT 4 2000

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Amazon Home & Condo Care, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

621 93rd Ave N  
Npales, FL 34108

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Deborah F. Ward  
621 93rd Ave N  
Naples, FL 34108

Evette Prieto  
5986 12th Ave SW  
Naples, FL 34116

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:


Deborah F. Ward  
621 93rd Ave N  
Naples, FL 34108

**ARTICLE VII INCORPORATOR**

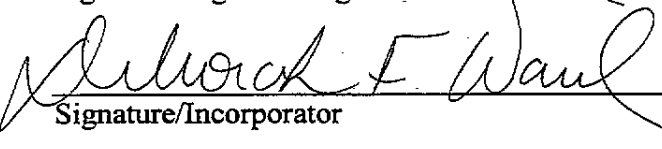
The name and address of the Incorporator is:

Deborah F. Ward  
621 93rd Ave N  
Naples, FL 34108

\*\*\*\*\*  
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

  
Signature/Registered Agent

9/22/00  
Date

  
Signature/Incorporator

9/22/00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 OCT -2 PM 9:31

FILED