P0200017527

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			SECRETARY OF TALLAHASSEE
SUBJECT: C & J HAM (PROPOSED CO	nmock Inc orporate name-must incl	UDE SUFFIX)	AHII: 01
Enclosed are an original and one (1) copy of		*****78.7	17172 -01052-014 5 *****78.75
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Sta	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: CEDRINA HAMMOCK Name (Printed or typed)			
10423	SE 131 LAN Address	<u> </u>	
Ocklawaha Fl 32179 City, State & Zip			
352-29	88 - 1246. Daytime Telephone number		. •

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

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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: CEJ HAMMOCK INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 10423 SE 131 LANE OCKLAWADA.FI 32179 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CARE Giving And CLEANING ARTICLE IV SHARES The number of shares of stock is: / 0 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Cebrina Hammock - President/ Treasurer JAMES HAMMOCK SR / SECARTARY REGISTERED AGENT The name and Florida street address of the registered agent is: CEBRINA HAMMOCK 10423 SE 131 LANG OCKLAWAHA, FI 32179 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CEDRINA HAMMOCK 10423 SE 131 LANE OCKLAWAHA FI 32179 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 2-8-02 Date Signature/Registered Agent

Signature/Incorporator

2-8.02