POOLAGISMITTLETTER SCREYKY OF STATE MALLAYASSEE. FLORIDA

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

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02 OCT -8 PM 2: 06

SUBJECT:	WADE	mclemoke	Home	TITTER	SERVICE	INC.	•
	()	PROPOSED CORPOR	ATE NAME	– MUST INCI	UDE SUFFIX)	-	arty (Line) to the manuscritic

Enclosed is an original a	and one(1) copy of the arti	icles 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	
		ADDITIONAL COPY REQUIRED		

FROM:	MICHAEL FERRARO
	Name (Printed or typed)
_	196 E. NINE MICE RD STE E
_	PENSACJUA FC 32534 City, State & Zip
-	(850) 475-4100 Daytime Telephone number

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)

TALLAHASSEE, FLORIDA

02 OCT -8 PM 2: 06

ARTICLE I NAME

*The name of the corporation shall be:

Wade MELemore Home Sitter Service Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5184 SPRINGFIELD OR. PENSACOLA FL 32503

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY

BUSINESS UR ACTIVITY

PROHIBITED BY CAW

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

WADE MCLEMORE
- 5184 SPRINGHILL DR PENTACOLA FL 32503

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

WADE MCLEMURE 5184 TERINATICE OR PENTACOLA FL 32503

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

Wade O. M. Serroce
Signature/Registered Agent