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(Requestor's Name)
(Address)
(Address)
(Marcos)
(City/State/Zip/Phone #)
PICK-UP WAIT MAI
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

SUZanne

DATE

DÖG, EXAM

AUTHORIZATION BY PHONE TO CONNECT Shaves



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SECRETARY OF STATE
ALLAHASSEF, FLORING

WOX-35806

TRANSMITTAL LETTER

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

SUBJECT: On	Our Way, Inc.		
	(PROPOSED CORPORA)	TE NAME - MUST INCL	
\$70.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status Ch#1004	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Suzanne D. Leeds & Lupe Jones Name (Printed or typed)		
	P.O. Box 8862		
	Jupiter, FL 33468	Address State & Zip	
	561/371-2729 or 561/	758-9559	

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

The name of the corporation shall be:

On Our Way, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

P.O. Box 8862 Jupiter, FL 33468

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To provide assistance to families. Service provides shopping, errands, transportation and companionship.

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:

Suzanne D. Leeds 6305 Willoughby Circle Lake Worth, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Suzanne D. Leeds 6305 Willoughby Circle Lake Worth, FL 33463

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this cerfificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator