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(Requestor's Name)	
(Address)	_
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PICK-UP WAIT MAIL	
	
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(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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Office Use Only



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02-17-03

TRANSMITTAL LETTER

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

SUBJECT: MOSS DE HER LIVING DERVICES INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

12 \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

(Printed or typed)

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Address

Tallahassee Florida 33333

850 662-6560 /850/445-0664 C

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



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

D3 FEB 17 PH 2:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 6, 2003

TANYE NEAL 5641 MAPLE FOREST DRIVE TALLAHASSEE, FL 32303

SUBJECT: NEALS BETTER LIVING SERVICES INC.

Ref. Number: W03000003601

We have received your document for NEALS BETTER LIVING SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of 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 (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 103A00007963

	<u></u>		
	7 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation sha	all be: Neals' Better Livin	ng Services Inc	2.7
ARTICLE II PRINCIPA The principal place of business/	MADLE FOR Maple Formailing address is: 5641 Maple Formailing address is: 5	vest Drive 33303	
	poration is organized is: To perform Disabilities		
ARTICLE IV SHARES The number of shares of stock is		garage and the second s	
The name(s), address(es) and tile	FFICERS/DIRECTORS (optional) the(s): FERED AGENT Idress of the registered agent is: lange of the language of	Ģ Q	
Having been named as registered ager	nt to accept service of process for the above stated co ept the appointment as registered agent and agree to a	rporation at the place designated in th	-

Signature/Incorporator/Registered Agent

Jun 28, 2003,
Date