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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED		
FROM: PAPRICIA Lacey Name (Printed or typed)					
	1010 E. Silver Spring Blvd Scute B				
Ocala 7134470 City, State & Zip					
	352 - (2	24 31	94		

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:  MARTHA'S Helpers The.	
	ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
	1010 & Silver Spring = Blu  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  D. Cala	D Surte
	ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  October 1000 1000 1000 1000 1000 1000 1000 10	34 34
	Residential Cleaning Servi	Ce
	The number of shares of stock is:	ZOOD OCT SECULIFICALLAND
	List name(s), address(es) and specific title(s):  ATTICLE VI LACLY  PO. BOY 416  [OWN 17 32663  ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  POTOE. SILVEY Spring Blvd Suck B  OCAL MORPORATOR  The name and address of the Incorporator is:  PATICLE VII INCORPORATOR  The name and address of the Incorporator is:	-2 PM 3 29  ANY OF STATE CREEF FLORIDA
	Patricia Lacley 1010 6. Selver Spring Blird Switch  ***********************************	
	certificate-1 am familiar with and accept the appointment as registered agent and agree to act in this capacity  Signature/Registered Agent  Date	01-03
	Signature/Incorporator Dat	01 70 3 e