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(Business Entity Name)

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TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: A Nannies Who Care, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Charles Brown
Name (Printed or typed)

3325 Haviland CT #102
Address

Palm Harbor FL 34684
City, State & Zip

813-931-1333
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)

ARTICLE I NAME

The name of the corporation shall be: *A Nannies Who Care Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*3325 Haviland Ct
#102
Palm Harbor FL 34684*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Childcare Referral Service

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Charles A. Brown president
3325 Haviland Ct
#102
Palm Harbor FL 34684*

ARTICLE VI REGISTERED AGENT

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


*Charles A. Brown
3325 Haviland Ct
#102
Palm Harbor, FL 34684*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

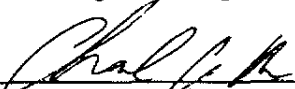
*Charles A. Brown
3325 Haviland Ct
#102
Palm Harbor FL 34684*

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



Signature/Registered Agent *Charles A. Brown*

4-14-04
Date



Signature/Incorporator *Charles A. Brown*

4-14-04
Date

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