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TRANSMITTAL LETTER

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

SUBJECT: Marsha	's Maids, Inc. (PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)
			<u> </u>
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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
		ADDITIONAL CO	
rm ou c. Ma	probate Maide, inc		
FROM: Me	rsha's Maids, inc. Name	e (Printed or typed)	
	3119 Albatross Circle	Address	
•	Jacksonville, FL. 32246	, State & Zip	
	904-646-9727 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)

NAME

The name of the corporation shall be:

Marsha's Maids, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3119 Albatross Circle Jacksonville, FL, 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning of residential & commercial establishments.

ARTICLE IV SHARES

The number of shares of stock is: 500

INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Lincoln 3119 Albatross Circle Jacksonville, FL. 32246 President

Marsha Winn 3119 Albatross Circle Jacksonville, FL. 32246 Vice President/Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Lincoln 3119 Albatross Circle Jacksonville, FL. 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marsha Winn 3119 Albatross Circle Jacksonville, FL. 32246

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