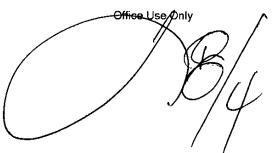
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions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





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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2006

LEDA THOMPSON/ YOLANDA HADLEY 5021 DAVID AVE SARASOTA, FL 34234

SUBJECT: THERE'S NO PLACE LIKE HOME, INC.

Ref. Number: W06000031833

We have received your document for THERE'S NO PLACE LIKE HOME, 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) 245-6929.

Justin M Shivers Document Specialist New Filing Section

Letter Number: 306A00045915

COVER LETTER

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

Department of State

Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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: Leola Thompson Volanda Hadley

Name (Printed or typed)

5021 David Ave.

Address

Sanasota Fl 34234

City, State & Zip

(941) 536-1930 02539-086

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: No Place Like Home, IRIC. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: The purpose for which the corporation is organized is: SERVICE ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 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 familian with and accept the appointment as registered agent and agree to act in this capacity Signature/Incorporator

ARTICLES OF INCORPORATION -->