P070000899937

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT AUTHORIZATION BY P	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT WALL CORRECT	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT CAVE	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT CAVE	(City/State/Zip/Phone #)
Certified Copies Certificates of Status Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT AUTHORIZATION	PICK-UP WAIT MAIL
Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT	(Business Entity Name)
Special Instructions to Filing Officer: Che Safara Cave AUTHORIZATION BY PHONE TO CORRECT ThuELL	(Document Number)
AUTHORIZATION BY PHONE TO CORRECT LINE LE TY	Certified Copies Certificates of Status
AUTHORIZATION BY PHONE TO CORRECT / LAwe of The	Special Instructions to Filing Officer:
CORRECT / Michiel	anher Latarta care
	/ i . A
DOG. EXAM MIZO	DATE 8/18/67

Office Use Only



600106462426

08/10/07--01010--021 **78.75

O7 AUG 10 PM 3: 48
SECRETARY OF STATE
SECRETARY OF STATE

MRD

COVER LETTER

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

UBJECT: Natu	re Maid, Inc.	PENAME MICTING	line slicely)
	(PROPOSED CORPORA	IE NAME – <u>MUST INCL</u>	<u>ode Suffix</u>)
unalacad ana an anic	singland and (1) come of the out	alag afinagmanation and	la abadi fam
inclosed are an ong	ginal and one (1) copy of the artic	ries of incorporation and	i a check for.
\$70.00	√ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
•		ADDITIONAL CO	Status
		ADDITIONAL CO	JPY KEQUIKED
		·····	•
EDOM: A	mber LaPorta		
rkowi.	Name	(Printed or typed)	
	200 NW 9th Street		
		Address	
	Boca Raton, FL 33432		
		State & Zip	
	561-542-4043		
		elephone 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)
The name of the corporation shall be: 07 AUG 10 PM 3: 48
Nature Maid, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
200 NW 9th St, Boca Raton, FZ. 33432
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Cleaning Buisness
ARTICLE IV SHARES The number of shares of stock is:
100
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
amber Leverta - President 200 NW 9th St, Boca Raton, Fl. 33432
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
amber Laforta
200 NW 9th St., Boca Raton, Fl. 33432
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
amber LaParta
200 NW 94 St., Boca Raton, FL. 33432

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
Ceul John 8.6.07
Signature/Registered Agent Date
Chille Jaker 8.6.07
Signature/Incorporator Date