

PO9000096025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

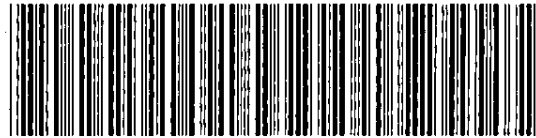
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 NOV 25 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bm 11/25/09

COVER LETTER

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

SUBJECT: MAID IN WAKULLA 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: Deborah Atkins.  
Name (Printed or typed)

211 SANDERS Cent. Rd.  
Address

Soychopy, Fl. 32358  
City, State & Zip

850 - 962 - 7897  
Daytime Telephone number

Deborah Atkins 92 @ yahoo.com  
E-mail address: (to be used for future annual report notification)

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

309A-34577

**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:

*MAID IN WAKULLA, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*211 SANDERS Cent Rd.  
Sup. Fl 32358*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Any + all lawful business*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Deborah S. Atkins  
211 SANDERS Cent Rd.  
Sup. Fl 32358*

**ARTICLE VI REGISTERED AGENT**

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

*Deborah S. Atkins  
211 SANDERS Cent. Rd.  
Sup. Fl 32358*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Deborah S. Atkins  
211 SANDERS Cent. Rd.  
Sup. Fl 32358*

\*\*\*\*\*

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

*Deborah S. Atkins*

Signature/Registered Agent

*11-24-09*

Date

*Deborah S. Atkins*

Signature/Incorporator

*11-24-09*

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA