

COVER LETTER

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

SUBJECT: Naturally Nurturing Midwifery Services 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: Jill M. Adams
Name (Printed or typed)

5980 58th Avenue N. #1
Address

St. Petersburg FL 33709
City, State & Zip

727) 798-2452
Daytime Telephone number

babycatcher5@hotmail.com
E-mail address: (to be used for future annual report notification)

2011 APR -7 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Naturally, Nurturing Midwifery Services
INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5980 58th Ave N
#1
St. Petersburg FL 33709

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide maternity services to pregnant women

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS OWNER

Name and Title: <u>Jill M. Adams L.M.CPM</u>	Name and Title: _____
Address: <u>5980 58th Ave N</u>	Address: _____
<u>#1</u>	_____
<u>St. Petersburg FL 33709</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Jill M. Adams L.M.C.P.M.
Address: 5980 58th Ave N #1
St. Petersburg FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jill M. Adams L.M., CPM
Address: 5980 58th Ave N #1
St. Petersburg FL 33709

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

Jill M. Adams Required Signature/Registered Agent 4-5-2011 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jill M. Adams Required Signature/Incorporator 4-5-2011 Date

FILED
2011 APR -7 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL 09104