P11000094547

(Requestor's Name)				
(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:				
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Office Use Only



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SECRETARY OF STATE

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WILLSHAN

COVER LETTER

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

SUBJECT: Nanny Service (PROPOSED CORPORATE	E NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic \$70.00	
FROM: Geneva Mich	ADDITIONAL COPY REQUIRED
1786 SW 22st And Tt. Lauderdale	Printed or typed) Apt 2 Address FL 333 5
954) 701-51 Daytime Te	S 9 Implementation of the second of the sec

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME rporation shall be: Nany	Services Inc.	
ARTICLE II	Principal street address		Mailing address, if different is:
	186 SW 27 nd St Apr Pt Lander dule, Fl	333/S	
The purpose for w	PURPOSE hich the corporation is organized in		,
	nect Nunnies		ilies and
tumille	s with fum	ilies.	
ARTICLE IV The number of share			
ARTICLE V	INITIAL OFFICERS AND/OR	DIRECTORS	
Name and Ti Address:	Diesident	Name and Address:	Vice President
	tle:	Name and	Jessica M. Alves
Address:		Address:	
	tle:		Title:
Address:		Address:	2811 0 5.E.C.R.
ADDICE D TH	DEGICERDED ACRIM		HAS C
	<i>REGISTERED AGENT</i> rida street address (P.O. Box N O J	' acceptable) of the registered	lagent is:
Name: Address:	Lenova VI 1786 SW 27 st Ft Laugerdale,	1. BECY	E P CON
ADDIOL D IIII	•		a
	INCORPORATOR Iress of the Incorporator is:		- G
Name:	Deneva M	Berl	
Address:	1786 SW 22mls	St 4012	
Having been name this certifiqate, I an	ed as registered agent to accept sei n familiar with and accept the appo	vice of process for the abovintment as registered agent	ve stated corporation at the place designated and agree to act in this capacity
/h			
- G/V/	Required Signature/Registe	red Agent	Uct 7.11 Date
	ment and affirm that the facts sta epartment of State con <u>stitutes a thir</u>		ware that the false information submitted in
would be an end the	pullification of thems communicated to the		[O] #1 B:O1 /:100; 1 :D: