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(Re	equestor's Name)	_				
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	e)				
(Do	ocument Number)	 				
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	Office Use Only	·				



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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Natures Maid Service, Inc.								
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCLUDE SUFFIX</u>)							
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:							
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status							
	ADDITIONAL COPY REQUIRED							
	rine Weller							
Name	(Printed or typed)							
2040 South Peninsula Drive								
Addiess								
Daytona Beach FL 32118 City, State & Zip								
(386) 6	590-1114							
Daytime Telephone number								
E-mail address: (to be used	reller@yahoo.com for future annual report notification)							

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 The name of the corp	VAME poration shall be:	Natures Maid Ser	vice Inc.			
•	PRINCIPAL OFFICE					
ANTICIAL II	Principal street address		Λ.	Asilina addra	ess, if different is:	
- 20	40 South Peninsula Drive	2	17	rianning addic	255, II different is.	
	ytona Beach FL 32118					
பத	MONA DEACH L. SZ 1 10	·				
ARTICLE III P		1.				4
	ch the corporation is organize	a is:			ZS 1	į.
Cleaning Servi	ce					è
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					APR 27 CRETARY LAHASSE	
					- 335 - 7	
					mo m	77
ARTICLE IV S	CHARES ~ >				P. P. S	o d
The number of shares	s of stock is: \mathcal{D}				97 f	
ADTICLE V.					· 105	
	<u>NITIAL OFFICERS AND/</u> e:Catherine Weller CEO		a and Title			
Address:	2040 South Peninsula					
Muliciss.	Daytona Beach FL 32				.	
	Dayiona Deach I C 32		-			
			_			
	D:					
Address:		Adda	ress: _			
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Name and Title	>·	Nam	e and Title			
Address:		Addı				
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ADMICE DE	DOLOGEDED ACES					
	<u>EGISTERED AGENT</u> da street address (P.O. Box NO	T accomtable) of the mos	istand sass	4 in.		
Name:	Catherine Weller CE		istered ageni	t is:		
Address:	2040 South Peninsu					
radicss.	Daytona Beach FL 3					
	Daytona Denat I L	<i>72</i> 1-10				
	NCORPORATOR					
	ess of the Incorporator is:					
Name:	Catherine Weller CE					
Address:	2040 South Peninsula	Drive				
	Daytona Beach FL 3	32118				
	as registered agent to accept s familiar with and accept the ap					zsignated in
	1				4/24/20	12
	Required Signature/Regis	stered Agent			4/24/20 Date	
required Signature/registered Agent				Date		
I submit this docum document to the Dep	ent and affirm that the facts s artment of State constitutes a ti	stated herein are true. I hird degree felonv as pro	am aware i	that the fals s.817.155. F	e information sub T.S.	mitted in a

Required Signature/Incorporator