P95000066541

MIRACLE MAIDS!!!!!

"Making Your Life Easier"

2315 N.E. 29th Terrace
Ocala, Florida 34470
Phone 622-7978
Fax 622-1399

August 14, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Miracle Maids of Ocala,Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of $122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very Truly Yours,

Sheryl L. Hill

Miracle Maids of Ocala, Inc.

2315 N.E. 29th Terr.

Ocala, Fl. 34470

(904) 622-7900 Ext 24

FILED AUG 29 1995

ARTICLES OF INCORPORATION

of

Miracle Maids of Ocala, Inc.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Miracle Maids of Ocala, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Hundred shares (100) of Ten Dollar(s) ($ 10.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Sheryl L. Hill		
ADDRESS	5190 S.E. 8th St.		
CITY	Ocala,	FLORIDA	ZIP 34470

The principal office, if known, or the mailing adress of the corporation is:

NAME	Miracle Maids of Ocala, Inc.		
ADDRESS	2315 N.E. 29th Terrace		
CITY	Ocala,	FLORIDA	ZIP 34470

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Sheryl Lynn Hill		
ADDRESS	5190 S.E. 8th St.		
CITY	Ocala,	STATE Fl.	ZIP 34471
NAME	Jamie Hill		
ADDRESS	5190 S.E. 8th St.		
CITY	Ocala,	STATE Fl.	ZIP 34471
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Sheryl L. Hill		
ADDRESS	5190 S.E. 8th St.		
CITY	Ocala,	STATE Fl.	ZIP 34471
NAME	Jamie Hill		
ADDRESS	5190 S.E. 8th St.		
CITY	Ocala,	STATE Fl.	ZIP 34471
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 14th day of August, 1995.

(Seal)

Fl. Drivers Lic. # H-400-458-050-0

(Seal)

(Seal)

Fl. Drivers Lic. #H-400-788-58-912-0

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Miracle Maida of Ocala, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 2315 N.E. 29th Terr.
Ocala, Fl. 34470

has named Sheryl L. Hill

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Sheryl L. Hill
(registered agent)

SECOND NOTICE - CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96 $725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE - $375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 13 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066541 (0)

MIRACLE MAIDS OF OCALA, INC.

REINSTATEMENT

Principal Place of Business
~~3316 NE 29TH TERR~~
~~OCALA FL 34470~~
6401 SE 149 CT. RD
OCKLAWAH, FL 32179

Mailing Address
~~3316 NE 29TH TERR~~ P. BOX 70246
~~OCALA FL 34470~~ 34470

21	6401 SE 149 CT.RD	26	P.O. BOX 70246
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: OCKLAWANA, FL	28	City & State: OCALA, FL
24	Zip: 32179	29	Zip: 34470
25	County: MARION	30	County: MARION

3. Date Incorporated in Qualified State: 08/28/1995
3a. Date of Last Report:
4. FEI Number: 59-2985601 — Applied For / Not Applicable
5. Certificate of Status Desired: ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
8. Has corporation had liability for corporate tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HILL, SHERYL L~~
~~5190 SE 8TH ST~~
~~OCALA FL 34470~~

10. Name and Address of New Registered Agent

81 Name: JOAN SLEETH, EA
82 Street Address (P.O. Box Number is Not Acceptable): 1015 NE 8 AVE
83
84 City: OCALA — FL — 85 Zip Code: 34470

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JOAN SLEETH, EA — DATE: 10-31-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, SHERYL L 5190 SE 8TH TERR OCALA FL 34470	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, JAMIE 5190 SE 8TH ST OCALA FL 34471	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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-11/21/96--01026--023
****375.00 ****375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheryl Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0TT8020 CP