# P9600000099079

### TRANSMITTAL LETTER

Department of State Division of Corporatio P. O. Box 6327	ns Have Mop	, Will Travel,	Inc.		
Tallahassee, FL 32314	<b>‡</b>				
		,		5,000,000,1,776 -03/28/9501104 *****78,75 ***	
SUBJECT: HAVE	MOP, WILL TR	AVEL, INC.			•
	derogros besogor <sup>e</sup>	name - must include s	ulfix)		
		•		•	
Enclosed is an origina	l and one (1) co	opy of the articles (	of Incorporation	and a should	
	_	The state of the s	or incorporation	and a check 1	
\$70.00	X \$78.75	\$122.50	<b>□</b> \$131.25	ł	
Filing Fsa	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Cardiled Copy	25.5	
		]	& Certificate	96 H	
		Additional Cop	y Required	HAR : AEAS	"17
				28 48.7 855E	-
FROM:	Thelma Grilliot				
	Name	printed or typed)		COR COR	0
	17044 79	th Ct. North		PH 2: 35 OF STATE E.FLORIDA	
		Address	<del></del>		
	Loxahatchee FL 33470				
	City	, State & Zip			
	(407) 79	8-8713			
· •		eiephone number	<del></del>	مردا	
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NOTE: Please provide the original and one copy of the articles.

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## ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSET FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Have Mop, Will Travel, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17044 79th Ct. North Loxahatchee, FL 33470

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thelma Grilliot 17044 79th Ct. North Loxahatchee, FL 33470

FILING FEE: \$70.00

## See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

> Tholma Grilliot 17044 79th Ct. North Loxahatchee, FL 33470

The undersigned incorporator(s) has(have) executed these Articles of incorporation this \_\_\_\_\_day of \_\_\_\_\_\_ March \_\_\_, 19 <u>96</u> . Signature Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA TATUTES, ETHE ORIDA UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING. THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Have Mop, Will Travel, Inc.	
2.	The name and address of the registe	ered agent and office is:	
	Thelma Gril	liot (NAME)	
	17044 49th Ct. North (P.O. Box or Mail Drop Box NOT ACCEPTABLE)		
	Loxahatchee	, FL 33470 (CITY/STATE/ZIP)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature) 3/22/96
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHAS 'EE, FL 32314