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REFERENCE 992577 8378A
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COST LIMIT : \$ 70.00

ORDER DATE : June 19, 1996

ORDER TIME : 9:32 AM

ORDER NO. : 992577

CUSTOMER NO: 8378A

- 100001867211

CUSTOMER: Steven M. Fahlgren, Esq

FOSTER & KELLY

20 North Orange Avenue, #600

P.o. Box 3587

Orlando, FL 32801

DOMESTIC FILING

NAME: MAIDS, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

CLESTED TO THE TO

ARTICLES OF INCORPORATION DIVERSE

DIVERSITY OF STAFF

OF

MAIDS, INC.

The undersigned, acting as incorporator pursuant to Chapter 607 of the Florida Statutes, adopts the following Articles of Incorporation:

Article I.

NAME

The name of this corporation is MAIDS, INC.

Article II.

The address of the principal office of the corporation is 91 Sanford Avenue, DeBary, FL 32713, and the mailing address of the corporation is 91 Sanford Avenue, DeBary, FL 32713.

Article III.

DURATION

The period of its duration is perpetual, beginning from the date these Articles are filed with the Secretary of State.

Article IV.

NATURE

The general nature of the business to be transacted by this corporation is to engage in any activity or business permitted under the laws of the United States and the State of Florida, and to effectuate such purposes, it may act in any capacity including as an agent or attorney-in-fact for any person or entity.

Article V.

CAPITAL STOCK

This corporation is authorized to issue 500 shares of authorized stock all of one class for a par value of \$1.00 per share, to be designated "common shares".

Article VI.

REGISTERED AGENT

The name and address of the initial registered agent and office of this corporation is Steven M. Fallgren, Foster & Kelly, P.A., 20 North Orange Avenue, Suite 600, Ollando, Florida 32801.

Article VII.

INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be increased or decreased from time to time by an amendment of the By-Laws of the corporation in the manner provided by law, but shall never be less than one.

The name and address of the initial director of the corporation is:

SHARI WIRTH

91 Sanford Avenue DeBary, Florida 32713

Article VIII.

INCORPORATOR

The name and address of the person signing these Articles is Shari Wirth, 91 Sanford Avenue, DeBary, FL 32713.

Article IX.

BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the Shareholders.

Article X.

AMENDMENTS

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these articles of incorporation, this 17% day of June, 1996.

DATED: 6-17-96	Show Wuth
	Incorporator
STATE OF FLORIDA COUNTY OF	
The foregoing instrumenthis day of June, 19 known to me or who has identification and who did to	t was personally acknowledged before me 96, by SHARI WIRTH, who is personally produced Florida Drivers Liceuse are take an oath.
Jensey Stall Teresa J. Hall	(Signature of person taking acknowledgment)(Name typed, printed or stamped)
Notary Public	(serial number, if any)
TERESA J. HALL MY COMMISSION # 00 440002	

EXPIRES: February 21, 199

CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT

I HEREBY ACCEPT the designation, duties, and responsibilities as REGISTERED AGENT of MAIDS, INC., and agree to comply with the provisions of Florida Statutes.

STEVEN M FAHLGREN

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County aforesaid to take acknowledgments, personally appeared STEVEN M. FAHLGREN, to me known to be described as REGISTERED AGENT for MAIDS, INC. who executed the foregoing designation as REGISTERED AGENT, and acknowledged before me that he subscribed to such designation of REGISTERED AGENT.

WITNESS my hand and official seal in the County and State named above, this 1/2/1 day of June, 1996.

Inda D. Robitaile (Name t

(Signature of person taking

acknowledgment)

(Name typed, printed or stamped)

Notary Public

_(serial number, if any)

LINDA D. ROBITAILLE
MY COMMISSION # CC 505725
EXPIRES: October 25, 1999
Bonded Thru Notary Public Underwite

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