Fax (407) 943-7530 Home Phone (407) 943-7530

Division of Corporations Department of State 409 E. Gaines Street Tallahassee, FL. 32399

Dear Sirs:

RE: M.O.M. Home Management Inc.

Please return copy of Articles of Incorporation stamped with filing date. Return prepaid Federal Express Label is enclosed.

Thank You.

Sincerely,

Darlene Applebee 1189 Simmons Rd.

Kissimmee, F1. 34744

TRANSMITTAL LETTER Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 M. O. M. Home SUBJECT:____ Proposed Corporate Name Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date. FROM: Name (print or type) Simmons Address Kissimme City, State, Zip 943-7530

Area Code and Phone Number (Daytime)

ARTICLES OF INCORPORATION OF M. D. M. Home MANAgement (Name of Corporation) The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE 1: NAME Home Management Inc. M.O. M. The name of the corporation shall be:____ **ARTICLE 2: PRINCIPAL PLACE OF BUSINESS** The principal place of business of this corporation shall be (give street address and zip KISSIMMEC FL Simpons Rd **ARTICLE 3: SHARES** All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is:___ ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE The name of the initial registered agent is <u>DAY lene</u> 1/89 SIMMONS Rd Rissimme whose registered office is located at the place of business stated in Article 2 above. ARTICLE 5: INCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: Darlene Applebee 1189 Simmons Rd KISSIMME, 76 34744 The undersigned incorporator has executed these Articles of Incorporation this_ Day of JANUARY, 19 97 helene applica Articles of Incorporation

Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Cor of Florida submits the following statement in agent, in the State of Florida.	poration organize a designating the	d under the laws or registered office/r	f the State egistered
1. The name of the corporation/professional	l association is:	M.O.M.	Home
Management Inc.	<u> </u>		
2. The name and address of the registered a	gent and office is:		
DAVIENE Rose Apple	bee_	Psc FE	_
Full name			\ \ \ \
1189 Simmons Rd		HAS	X
Address (P.O. Box not acceptable)		SE	0
Kissimmee FL	34744	OF S E FL(AHIO
City, State, and Zip		RID	
HAVING BEEN NAMED AS REGISTERE PROCESS FOR THE ABOVE STATED COR IN THIS CERTIFICATE, I HEREBY ACCE AGENT AND AGREE TO ACT IN THIS CAWITH THE PROVISIONS OF ALL STATUT PLETE PERFORMANCE OF MY DUTIES, A THE OBLIGATIONS OF MY POSITION AS	RPORATION AT T PT THE APPOIN APACITY. I FURT ES RELATING TO AND I AM FAMI	THE PLACE DESINIMENT AS REC THER AGREE TO THE PROPER AILLIAR WITH AND	GNATED GISTERED COMPLY ND COM-
	SIGNATURE OF DATE	REGISTERED AC	GENT

Designation of Registered Agent Filing Fee — \$35.00