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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-02/24/97--01028--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

February 20, 1997

Department of State  
Division of Corporation  
Post Office Box 6327  
Tallahassee, FL 32301

RE: Alternative Homemaking With A Heart of Ft Myers, Inc.

Dear Sir:

Enclosed are the Articles of Incorporation with my check for \$70.00 to cover the fees related to the incorporation of the above named company. Your attention to this matter is appreciated. If there are any questions, please contact David S. Browe at (941) 466-8889.

Thank you.

Sincerely,

David S. Browe  
6238-4B Presidential Ct  
Fort Myers, FL 33919

PH  
2/22/97

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

**Alternative Homemaking With A Heart of Ft Myers, Inc.**

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

**ARTICLE I. NAME**

The name of this corporation is:

**Alternative Homemaking With A Heart of Ft Myers, Inc.**

**ARTICLE II. NATURE OF BUSINESS**

The corporation may engage in any activities or business  
permitted under the laws of the United States and of the State of  
Florida.

**ARTICLE III. CAPITAL STOCK**

The maximum number of shares of stock that this corporation  
is authorized to have outstanding at any one time shall be as  
follows: Ten Thousand (10,000) shares of common stock having a par  
value of \$1.00 per share. The consideration to be paid for each  
share shall be as fixed by the board of directors, and may take  
the form of services rendered, cash, property, or any other form

deemed satisfactory by the board of directors.

#### ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business shall not be less than Five Hundred Dollars (\$500.00).

#### ARTICLE V. TERM OF EXISTENCE

The corporation is to exist perpetually.

#### ARTICLE VI. ADDRESS

The initial street address of the principal office of the corporation in the State of Florida shall be: Alternative Homemaking With A Heart of Ft Myers, Inc., 6238 Presidential Ct., Ste. 4B, Fort Myers, FL 33919. The board of directors may from time to time move the principal office to any other place or places as may be designated by the board of directors.

#### ARTICLE VII. DIRECTORS

This corporation shall have two director(s) initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than one.

At all times during which this corporation is authorized to have two director(s), the term "board of directors" as used herein

shall mean the two director(s) of this corporation.

#### ARTICLE VIII. DIRECTORS' POWERS

The board of directors shall have the power to fix or change salaries of the directors as directors and as officers, to restrict the transfer of stock by stockholders, to indemnify directors and officers against liability for their good faith acts and omissions to permit contracts or other transactions between the corporation and one or more of its directors individually or business in which one or more of its directors are interested, and to exercise such other powers of the corporation as are not inconsistent with these articles or with any by-laws that may be adopted by the stockholders.

#### ARTICLE IX. ORIGINAL DIRECTORS

The names and street addresses of the members of the first board of directors are:

<u>NAME</u>	<u>ADDRESS</u>
David S. Browe	6238 Presidential Ct., Ste. 4B Fort Myers, FL 33919
Rebecca Browe	6238 Presidential Ct., Ste. 4B Fort Myers, FL 33919

#### ARTICLE XI. REGISTERED OFFICE AND REGISTERED AGENT

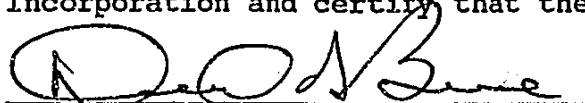
The street address of the office registered for the corporation shall be c/o Alternative Homemaking With A Heart of Ft

Myers, Inc., 6238 Presidential Ct., Suite 4B Ft Myers, FL 33919. The initial registered agent shall be David S. Browe.

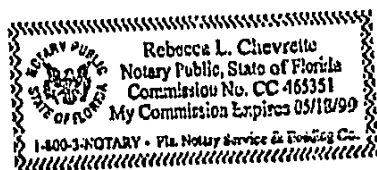
ARTICLE XII. AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by law, and all rights conferred on stockholders herein are granted and subject to this reservation.

IN WITNESS WHEREOF, WE the undersigned subscribers, have hereunto set our hand and seal, this 21 day of February, 1997, for the purpose of forming this corporation under the laws of the State of Florida, and do thereby make and file in the office of the secretary of the State of Florida these Articles of Incorporation and certify that the facts herein stated are true.

  
David S. Browe

  
Rebecca Browe



Print type or stamp name of Notary Public  
Personally known ☒ OR Produced I.D. ☐  
Type of I.D. produced: \_\_\_\_\_



STATE OF FLORIDA COUNTY OF LEE

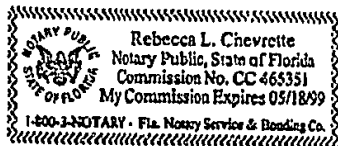
I hereby certify that on this day, before me, a notary public, duly authorized in the state and county named above to take acknowledgments, personally appeared

David S. Browe and Rebecca Browe

known to be the person(s) described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the county and state named

above this 21 day of February, 19 97.  
Rebecca L. Chevrette  
NOTARY



Print type or stamp name of Notary Public  
Personally known ☒ OR Produced I.D. ☐  
Type of I.D. produced \_\_\_\_\_

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

The name of the corporation is:

Alternative Homemaking With A Heart of Ft Myers, Inc.

The name and address of the registered agent and office is:

David S. Browe  
6238 Presidential Ct, Suite 4B  
Fort Myers, FL 33919

SIGNATURE

[Signature]  
(CORPORATE OFFICER)

TITLE

President

DATE

2-21-97

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

[Signature]

DATE

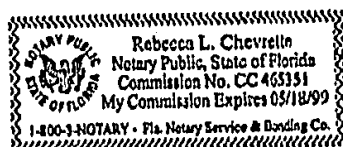
2-21-97

NOTARY

Rebecca L. Chevrelle

MY COMMISSION EXPIRES

5/18/99



Print type or stamp name of Notary Public  
Personally known ☐ OR Produced I.D. ☐  
Type of I.D. produced: \_\_\_\_\_