19900089574

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000003008540--1 -10/07/39--01059--001 *****70.00 *****70.00

SUBJECT:	Fiorida Nannies & Domestics, Inc.			
	(Proposed corpo	orate name - must include su	ffix)	<u>-</u> . · · -
Enclosed is an origina	al and one(1) copy of the articl	es of incorporation and a	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee	□ \$78.75 Filing Fee	☐ \$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		ADDITIONAL CO	Status DPY REQUIRED	
FROM:	William Schacht		:	
	Name (Printed or typed)			
	3501 W. Vine Street, Suite 269		ECRE	9 007
	Address		- 35	4
	Kissimmee, FL 34741			3 17
	Čity, State & Zip			N D
	(407) 944-4310		롱리	3
	Daytime Telephone number			

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION (FLORIDA)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - Name

The name of the corporation shall be: Florida Nannies & Domestics, Inc.

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 3956 Town Center Blvd. #173, Orlando, Florida 32837

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 10,000

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Regina Byrd, 3501 W. Vine Street, Suite 277, Kissimmee, Florida 34741.

ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Carol Burns Masone, 4257 Lord Barclay Drive, Orlando, Florida 32837.

Coul Burns Jasone 10/5/93
Signature of Incorporator Date

Having 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 of Registered Agent

/5/99