

P07000068162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

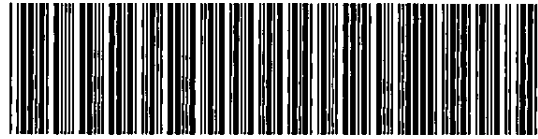
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2007 JUN 11 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Bush JUN 12 2007

COVER LETTER

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

SUBJECT: ANDREA HANDYMAN SERVICES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: IVONNE GARCIA
Name (Printed or typed)

6705 MAGNOLIA POINTE CIRCLE
Address

ORLANDO, FL 32810
City, State & Zip

407-583-7663
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2007

IVONNE GARCIA
6705 MAGNOLIA POINTE CIRCLE
ORLANDO, FL 32801

SUBJECT: ANDREAS SERVICES, INC.
Ref. Number: W07000024827

We have received your document for ANDREAS SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 507A00035834

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 11 PM 12:34

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ANDREA HANDYMAN SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6705 MAGNOLIA POINTE CIRCLE, ORLANDO, FL 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE CLEANING, PAINTING, REMODELING AND RELATED SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

IVONNE ANDREA GARCIA DAVILA - PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

IVONNE GARCIA
6705 MAGNOLIA POINTE CIRCLE
ORLANDO, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVONNE GARCIA
6705 MAGNOLIA POINTE CIRCLE
ORLANDO, FL 32810


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

06/05/2007

Date



Signature/Incorporator

06/05/2007

Date