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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/22

COVER LETTER

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

SUBJECT: THE OPTIMUS HANDYMAN 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: AQUILES VERONICA
Name (Printed or typed)

5112 MURRAY HILL DR.
Address

TAMPA, FLORIDA. 33615
City, State & Zip

(813) 334-9259
Daytime Telephone number

AQUILESCHAMPION@AOL.COM
E-mail address: (to be used for future annual report notification)

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

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:

THE OPTIMUS HANDYMAN INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5112 MURRAY HILL DR.
TAMPA, FLORIDA. 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA WITH THE INTENT TO PROFIT.

ARTICLE IV SHARES

The number of shares of stock is:

500 AT EQUAL PARTS, HAVING THE PAR VALUE ON ONE (1) DOLLAR EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AQUILES VERONICA 5112 MURRAY HILL DR. TAMPA, FLORIDA 33615; **PRESIDENT**
ARELIS VERONICA 5112 MURRAY HILL DR. TAMPA, FLORIDA 33615; **VICE-PRESIDENT**

ARTICLE VI REGISTERED AGENT

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

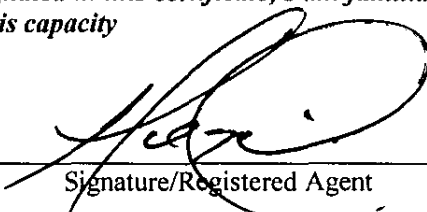
ALEJANDRO JOSE PRIETO
2700 N. MACDILL AVE. SUITE #215
TAMPA, FLORIDA. 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AQUILES VERONICA
5112 MURRAY HILL DR.
TAMPA, FLORIDA 33615

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

12/17/09

Date



Signature/Incorporator

12-17-09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA