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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.**NORTH ISLAND HANDYMAN, INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **NORTH ISLAND HANDYMAN, INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**4835 NW 191 STREET
MIAMI, FL, 33055.**

ARTICLE III SHARES

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

This corporation is authorized to issued 100 shares of \$ 1.00 par value common stock which shall be designated to 100 % to President

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

**RUBEN M. RUBENS
4835 NW 191 STREET
MIAMI FL, 33055.**

ARTICLE V INCORPORATOR(S)

The name (s) and Street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

**RUBEN M. RUBENS
4835 NW 191 STREET
MIAMI FL, 33055**

ARTICLE VI DIRECTOR(S)

The name and street address(es) of the director(s) to these Articles of Incorporation is (are) :

**RUBEN M. RUBENS: 4835 NW 191 STREET
MIAMI, FL, 33055.**

The undersigned incorporator (so has (have) executed these Articles of Incorporation this
12 days of January, of 2004.

Signature

Signature

Articles of Incorporation
Filing Fee.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **LEBENMED, INC.**

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

RUBEN M. RUBENS

(NAME)

4835 NW 191 STREET

(P.O.BOX NOT ACCEPTABLE)

MIAMI FL 33055

(CITY/STATE/ZIP)

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 

DATE: JANUARY-12-2004

REGISTERED AGENT FILING FEE: \$ 35.00

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