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(Requestor's Name)							
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PICK-UP WAIT N	1AIL						
(Business Entity Name)							
(Document Number)							
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CL. 60 899

COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: Bruce Rudie Har	ndyman	Services, Inc.			
5020	···········		- must include suffix			
Dear S	ir or Madam:					
"Certif		of Good Stanc	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.			
Please	return all correspondence concernir	ng this matter	to the following:			
Brud	ce Rudie					
		Name of F	Person			
Brud	ce Rudie Handyman S	Services,	Inc.			
		Firm/Comp	pany			
741	S Collier Blvd. unit 5'	12				
		Addre	SS .			
Mar	co Island, Fl 34145					
		City/State an	d Zip code			
bruc	er46@aol.com					
	E-mail address:	(to be used for	or future annual report notification)			
For fur	ther information concerning this ma	itter, please ca	II:			
Brud	ce Rudie	_{ar} 815	, 978-1310			
	Name of Person	Area Code	Daytime Telephone Number			
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	: :	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please n	ed is a check for the following amornake check payable to: FLORIDA DE 00 Filing Fee	PARTMENT (DF STATE \$78.75 Filing Fee &			



February 13, 2021

BRUCE RUDIE 741 S COLLIER BLVD UNIT 512 MARCO ISLAND, FL 34145

SUBJECT: BRUCE RUDIE HANDYMAN SERVICES, INC.

Ref. Number: W21000019594

We have received your document for BRUCE RUDIE HANDYMAN SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to have a principal street address in section 7.,

• Please return 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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 421A00003277

RECEIVED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name upovoi	able in Floride, enter alternate correcte name	adopted for the purpose of transact	ing husiness in Florida)			
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Illinois 3 20-410-9660						
(State or country under the law of which it is incorporated)		20-410-9660 (FEI number, if applicable)				
(Date	e of incorporation)	(Date of duration, if other than perpetual)				
·						
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)			
5591 Lam	beth Lane Rockford, IL. 61	107				
	(Principal off	ce street address)				
741 S Col	lier Blvd Unit 512 Marco Islar	<u> </u>				
	(Current mailir					
	(54.15.11	ng address, if different)				
Name and stre						
	et address of Florida registered agent: (P.C		. ;>			
Name:	et address of Florida registered agent: (P.C. Registered Agents Inc.		: 21			
	et address of Florida registered agent: (P.C Registered Agents Inc. 7901 4th St N STE 300	D. Box <u>NOT</u> acceptable)	21 53			
Name:	et address of Florida registered agent: (P.C Registered Agents Inc. 7901 4th St N STE 300	D. Box <u>NOT</u> acceptable)				
Name:	et address of Florida registered agent: (P.C Registered Agents Inc. 7901 4th St N STE 300		·			
Name: Office Address:	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance:	D. Box NOT acceptable)	753.24 JA 8			
Name: Office Address: . Registered ag laving been nan	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: med as registered agent (P.C.)	D. Box NOT acceptable) , Florida 33702 (Zip code) (Cee of process for the above state	ed corporation at the pl			
Name: office Address: Registered aglaving been nanesignated in this	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance:	D. Box NOT acceptable) Florida 33702 (Zip code) The control of the above statement as registered agent and agent	ed corporation at the pl ree to act in this capaci			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

□Vice Chairman □Director □President □	_{Name:} Bruce Rudie	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	☐Treasurer
☐Director	Rockford, IL. 61107 Treasurer Other Name: Bruce Rudie	□Director □President □Vice President □Secretary		□Treasurer
□ President □ Vice President □ Secretary	OTreasurer Other	□President □Vice President □Secretary		□Treasurer
□ Vice President □	Other	□Vice President □Secretary	-	□Treasurer
Secretary	Other	☐ Secretary	- 1 .	□Treasurer
-	Other	·		
♥ Other CE	_{Name:} Bruce Rudie	□Other		□Other
□Vice Chairman	Address: 5591 Lambeth Lane Rockford, IL. 61107	□Chairman □Vice Chairman □Director	Address:	
☑ President		□President		
□Vice President _		☐Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director _		□Director		
□President _		□President		
□Vice President		□Vice President		
Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be a	ise an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of Signature of Director o	ent of State Annual Re	eport form.	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Bruce Rudie - President



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

BRUCE RUDIE HANDYMAN SERVICES, INC., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03. 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of FEBRUARY A.D. 2021.

Authentication #: 2103602646 verifiable until 02/05/2022 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE