

TRANSMITTAL LETTER  
P000000036839

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

100003185501--7  
-03/27/00--01113--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: HANDY CARE INC.  
(Proposed corporate name - must include suffix)

Enclosed is 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Mark A. Adkins  
Name (Printed or typed)

8716 N. Ola Ave  
Address

Tampa FL 33604  
City, State & Zip

813-786-6654  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 11 AM 10:48

FILED

W-8661

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

8/4/12



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 31, 2000

MARK A. ADKINS  
8716 N. OLA AVE.  
TAMPA, FL 33604

SUBJECT: HANDY CARE INC.  
Ref. Number: W00000008661

We have received your document for HANDY CARE 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 document must state the number of shares of authorized stock.

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) 487-6929.

Shannon Thompson  
Document Specialist

Letter Number: 300A00017823

## ARTICLES OF INCORPORATION

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:

HANDY CARE INC.

### ARTICLE II PRINCIPAL OFFICE

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

8716 N. OLA AVE  
TAMPA, FL 33604

### ARTICLE III SHARES

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

~~100~~ 1

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARK A ADKINS  
8716 N. OLA AVE  
TAMPA, FL 33604

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARK A. ADKINS  
8716 N. OLA AVE  
TAMPA, FL 33604

Mark A. Adkins

Signature/Incorporator

20 MAR 00

Date

(An additional article must be added if an effective date is requested.)

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

Mark A. Adkins

Signature/Registered Agent

20 MAR 00

Date

FILED  
00 APR 11 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA