TRANSMITTAL LETTER

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

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| 02 FEB 22 | AM 10: 57 |
| TALLAHASSILE | FLORION |

| SUBJECT: | Just A. Ha | INDIGUY, T | NC. | |
|---|--|---|--|--|
| | | 91 | <u>DDE SUFFIX)</u> DODO 4 9 1 1 7 -02/12/0201 *****78.75 | |
| 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 | 72 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM: ALbert L. Chiki Name (Printed or typed) | | | | |
| 26384 Colony Road Address | | | | |
| | Bonita Sprine | GS FL 34 State & Zip | 135 | |
| | all- all- 400 | ·n | | |

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

Daytime Telephone number

Mora 4564

Mora 14564

OB a/a5



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 15, 2002

ALBERT L. CHIKI 26384 COLONY ROAD BONITA SPRINGS, FL 34135

SUBJECT: JUST A HANDIGUY, INC.

Ref. Number: W02000004564

We have received your document for JUST A HANDIGUY, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 245-6972.

Letter Number: 202A00009550

Doris Brown Document Specialist New Filings Section

| ARTICLES OF INCORPORATION | | |
|--|-----------------------|------------------------------|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | | v~s , |
| A DOTOT D. T. BLASSED | | SD |
| ARTICLE I NAME The name of the corporation shall be: | 0: | 2 FED a |
| • | h | 2 FEB 22 AM 10:57 |
| Just A Handiguy, INC. | 7427 | AHASSEE, FLORIDA |
| • | | MASSEE, FLORIE. |
| ARTICLE II PRINCIPAL OFFICE | · | TONIUM |
| The principal place of business/mailing address is: | | |
| 26384 Colony Road | | |
| Bonita Springs, FL 34135 | : | - |
| ARTICLE III PURPOSE | | |
| The purpose for which the corporation is organized is: | | x |
| Start a hardiman Business | | |
| | | |
| ARTICLE IVSHARES | | |
| The number of shares of stock is: | | |
| 1000 SHARES AT 1.00/SHARE | | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) | | |
| The name(s), address(es) and title(s): | _ | • |
| Gina Marie Chiki, Secretary/Treasurer | | |
| 26384 Colony Road | | |
| 20584 COLONY 1 0000 | | |
| Bonita Springs, FL. 34135 | | |
| | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: | | . 🕶 |
| Albert L. Chiki | | |
| 26384 (1010NY \$000C | | - |
| Bonita Springs, FL 34135 | - | |
| <u> </u> | | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | ·- y | ÷ |
| Albert L. Chiki | | |
| 26384 Colony Road | | |
| Bonita Speings, FL 34135 | • | |
| ************************************** | ****** | ****** |
| Having been named as registered agent to accept service of process for the above stat | ed corporation at t | the place designated in this |
| certificate, I am familiar with and accept the appointment as registered agent and agre | ee to act in this cap | acity |
| 11/1 11/1 | ク | laches |
| Signature/Registered Agent | Date 7 | ivajuz. |
| Signature/Registered Agent | Duo | |
| an. I W.L. | 01 | 100f02 08/1/2 |
| Signature/Incorporator | Date | 20/0/2 |
| alguaturo moorporator | بهامانها مبد | |