F03000/42991

(Requestor's Name)		
(Address)	30002	
(Address) (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	1)	
(Document Number)	*	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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DIVISION OF STATE OF STATE OF CORPORATIONS

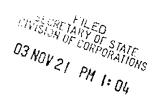
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TRANSMITTAL LETTER

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

SUBJECT:	D'Catasus, 4	nc.	
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
□ \$70.00	□ \$78.75	□ \$78.75	⊠ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
	& Certificate of Status	& Cermied Copy	& Certificate of
		ADDITIONAL CO	Status DV PEOULDED
		ADDITIONAL CO	PIREQUIRED
FROM:	Luis Denis	Coctocsus	
		1	
	150 S.W. 10t	h Street, Al	+#7_
,	Mia Mi Fl	33 3 O	
	305 - 43/- Daytime To	16 18 elephone number	

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

The name of the corporation shall be:

Catasus, gnc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 23315. W. 234 terrace

Mia Mi, Fl 33145 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Handy Man Serv.

ARTICLE IV

The number of shares of stock is:

1.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Luis Denis Catasus

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

The name and address of the Incorporator is:

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/

Signature/Incorporator



Division of Corporations

Florida Profit Corporation

Filing Information

Make sure that your corporate name is available. If you are unsure, press the search button below to perform a corporate name search.

Corporate Name Search

If an effective da	ate is required for	this filing, enter here (month/day/year) 11 18 103
Number of Certi	ficates of Status	O (Optional)
Number of Certi	fied Copies	O E (Optional)
	le suffix such as incorporated", etc.)	D'catasus gne.
Corporate Stock (Cannot be zero)	Shares	
	Pi	rincipal Place of Business
	Address	12331 S.W. 234 Ferrace
	Suite, Apt. #, etc.	The state of the s
	City, State	Miani H
	Zip Code & Country	33145 Dade
If your corpora	below. Otherw	Mailing Address s is the same as the principal address above, check the box ise, enter your corporate mailing address. g address same as principal address.
	Address	
	Suite, Apt. #, etc.	
	City, State	1
	Zip Code & Country	
	Name A	nd Address of Registered Agent
Name (Last, First, M Title)	Aiddle, etc)	, , , (Sr., Jr.,
- OR -		
RA Business Name		
Address _		
Suite, Apt. #, etc.		779 BERKELD AND THE STATE OF TH
City, State		, FL
Zip Code & Country	y	US

The new Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. Do not enter the corporate name that you are attempting to file as Registered Agent. A business entity cannot serve as its own RA.

Registered Agent Signature Durie D. Mul	
1190-2	
Incorporator Name And Address	

Name [