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TRANSMITTAL LETTER

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

SUBJECT:	\mathcal{O}	20	Hondy	An an	Servino	se suffix)	والوالية المراجع والمراجع والم
			(Proposéd	corporate na	me - must inclu	ié suffix)	

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

Call when ready
Sharon pr \$70.00 \$78.75 **2378.75** S87.50 Filing Fee, Filing Fee & Filing Fee Certificate of Certified Copy & Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED

em of Fla 53618

1-8/8-250-4205 Deytime Telephone number

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

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 1 NAME

The name of the corporation shall be:

JLV Handyman Services, Inc.

ARTICLE 11 PRINCIPAL OFFICE

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

4102 West Humphrey St.

Suite #D

Tampa, 1. 3614

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE 1V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:

Robert Lyons

2901 W. BUSCH BLVD.

SUITE # 1005

Tampa, FL. 33618

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of incorporation are:

Joseph Lyons Vigliatura

4102 West Humphrey St

Suite # D

Tampa, Fl. 33614

JAN 26 PM 12: 50
REJUST OF STATE AHASSEE, FLORIDA

Signature/Incorporator

Date

(An additional article must be added if an affective 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 status 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/Registered Agent

Date'