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## TRANSMITTAL LETTER

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

SUBJECT: G.M.A'S HANDYMAN SERVICE 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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED MICHAEL ALLEN

Name (Printed or typed) ORLANDO FI. 32808
City, State & Zip (407) 822 - 8724

Daytime Telephone number

ARTICLE I NAME		,
The name of the corporation shall be:	<del></del>	INC
GMA'S HANDYMAN SERVICE	-	•
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:  1911 Sarazon DR		
ORLANDO, PJ. 32808		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
· ·		
HANDY MAN		
ARTICLE IV SHARES	04.	SEC
The number of shares of stock is:		<u>~</u> R
	8	ASSI TSSI
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	P	독대
The name(s), address(es) and title(s):	ج.	LOTA STA
MICHAEL ALLEN 1911 SHRAZGN DR	55	ĒĦ
ORLANDO FI. 32808		
ORLANDO M. 5200		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered agent is:		
MICHAEL ALLEN		
1911 SARAZEN DR,		
Hlando F1. 32808		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
MICHAEL ALLEN		
1911 SarazEN DR.		
ORLAND F1. 32808 ***********************************	******	*****
Having been named as registered agent to accept service of process for the above stated corporation at to in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in		
hdulas Alles	04	
Signature/Registered Agent Date	<del>                                     </del>	_
101 0 011	-1200	

Signature/Incorporator