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1005 SEP 21 A 8: 50
SECREJARY OF STATE
ARCARDASSEE, FLORIDA

of the

COVER LETTER

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

SUBJECT: TUYLUS JANGU	linus,	nc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Patricia Hurle Name 420 VI 'O' SA	Printed or typed)	
Lake Looren. F	1 33460 State & Zip	2
F101 0111 000	7110	

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

The name of the corporation shall be:				
Hurley's Handi Ways, INC.				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
430N. O'St. Lake Worth, FL 334	-160			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Claning Slivices, handy man work				
ARTICLE IV SHARES				
The number of shares of stock is:	_			
- 	2005 ALL			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	SEP 21 A I			
List name(s), address(es) and specific title(s):	AR.			
Patricia Hurley-owner				
(and the second of the second	A S			
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	≫ ′′ O			
The name and Florida street address (F.O. Pay NOT acceptable) of the societies described				
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:				
Hotricia Hurley 430 N. O'SA.				
450 N. O'SA.				
Lake Worth, Fl 33460 ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Patricia Hurly 430 N. 6'8. Lake Worth FL				
	33460			

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	capacity			
Patricia Hurley	-20-05			
Signature/Registered Agent	Date			
Millia Millia 9	-20-05			
Signature/Incorporator /	Date			
Patricia Hurley				

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)