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COVER LETTER

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

SUBJECT: Ralph Remi's Handyman Se	ervices, Inc.	HINE SHERIVA	_
(PROPOSED CORPURA	TË NAME – <u>MUST INCL</u>	ODE SUFFIX)	
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	OPY REQUIRED	
FROM: Ralph R. Remi			
Name	e (Printed or typed)		
P.O. Box 110835	Address	TALL,	90
Palm Bay, FL 32911	, State & Zip	AHASSE	F12 06 HAR -8
(321) 652-6303	Tolonhona numbor	FLORI	H 12: 4
Daytime	Telephone number	D _A	£-

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 NAME

The name of the corporation shall be:

Ralph Remi's Handyman Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 110835 Palm Bay, FL 32911

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide general home repair and improvement services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ralph R. Remi, President

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sheena J. Cobrand, Esq.

4650 Lipscomb Street, Suite 22

Palm Bay, FL 32905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ralph R. Remi

P.O. Box 110835

Palm Bay, FL 32911

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/Incorporator