

PO6 000128446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

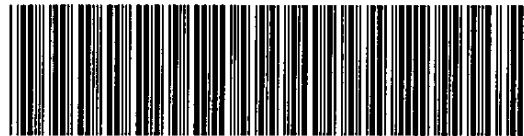
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 09 2006

COVER LETTER

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

SUBJECT: THESE HANDYMEN CAN, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GREGORY L JENKINS
Name (Printed or typed)

~~XXXXXX SUNSHINE DRIVE XXXXX~~ 41343 SUNSHINE AVE
Address

UMATILLA, FL 32784
City, State & Zip

352-551-8833
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

THESE HANDYMENTM CAN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

XXXXXXXXXXXXXXXXXXXX 41343 SUNSHINE AVE
UMATILLA, FL 32784

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME IMPROVEMENTS

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):

PRESIDENT
GREGORY L JENKINS
XXXXXXXXXXXXXXXXXXXX 41343 SUNSHINE AVE
UMATILLA, FL 32784

ARTICLE VI REGISTERED AGENT

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

GREGORY L JENKINS
XXXXXXXXXXXXXXXXXXXX 41343 SUNSHINE AVE
UMATILLA, FL 32784

ARTICLE VII INCORPORATOR

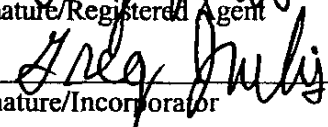
The name and address of the Incorporator is:

GREGORY L JENKINS
XXXXXXXXXXXXXXXXXXXX 41343 SUNSHINE AVE
UMATILLA, FL 32784

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

10-3-06

Date

10-3-06

Date

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TALLAHASSEE, FLORIDA

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OFFICER:

LARRY JENKINS
427 OAKVIEW DR
TAVARES, FL 32778

OFFICER:

ROLANDO CAMACHO ~~XXXXXXXXXX~~ VELAZQUEZ
2200 MERRY RD
TAVARES, FL 32778

OFFICER:

JEFFREY D BROKENBOROUGH
615 LINCOLN AVE APT A1
MT. DORA, FL 32757

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TALLAHASSEE, FLORIDA