## P07000015131

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	siness Entity Name)	
(Document Number)		
	_ Certificates of Status	
Special Instructions to I	Filing Officer:	
	Office Use Only	



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O7 JAN 31 AM 11: 4:
SECRETARY OF STATE
TALLAHASSEE, FLORID

## **COVER LETTER**

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

SUBJECT:	HANDY - Land (PROPOSED CORPORA	SCAPE I	NC
	(PROPOSED CORPORA	TË NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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
		ADDITIONAL CO	& Certificate of Status
FROM:	Wayne C.	Printed or typed)	<del> </del>
	17977 821	MORD NOR	TH
	LOX AHATCHE	E FL 33 State & Zip	470
	(561) 264 Daytime 1	'- 3456 'elephone number	<del> </del>

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: HANDY - Landscape INC
	$\boldsymbol{a}$
	ARTICLE II PRINCIPAL OFFICE
	The principal place of business/mailing address is: 17977 82ND RD NORTH -
	LOXAHATCHEE, FL 33470
	APTICI F III DIIDDOSE
	ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Fiscal - Purpose SEE 3 TO THE PURPOSE
	FF ST
	The number of shares of stock is: ONE NUNDED
	ARTICLE III PURPOSE  The purpose for which the corporation is organized is: FISCAL - PURPOSE STATED  ARTICLE IV SHARES  The number of shares of stock is: ONE MUNCREO
·/	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
^	
	List name(s), address(es) and specific title(s): wayne Cnivnmins - PRESIDEN
	ADTICLE III DECISTEDED ACTIVE
	ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
	Woyne Crimmins 17977 82 NO RD NORTH
	A TO MILES OF STATE OF A STATE OF
	The name and address of the Incorporator is: Way no CRIMMINS
	17977 82 ND 180 NORTH
	LOXAHATCHEE, FL 183470
	LOXATITICATE

T

Wyw. 1-30-07
Signature/Registered Agent Date

Uyw. 1-30-07

Signature/Incorporator Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this