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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	Helping Hands Handyman Service, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the artic			
\$70.00 Filing Fee	\$78.75 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:	Darrick Johnson Name	(Printed or typed)		
	2050 Las Brisas Ct. Address			
Jacksonville, FL 32224 City, State & Zip				
	Daytime T	elephone number	····	

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

Article I Name

The name of the corporation shall be:

Helping Hands Handyman Service, Inc.

Article II Principal Office

The principal place of business/mailing address is:

2050 Las Brisas Ct. Jacksonville, FL 32224

Article III Purpose

The purpose for which the corporation is organized is:

Provide handyman contracting services

Article IV Shares

The number of shares of stock authorized is: 100 shares

Article V Initial Officers

Name and Address of initial officer is:

Darrick Johnson 2050 Las Brisas Ct. Jacksonville, FL 32224

Article VI Registered Agent

The name and address of the registered agent is

Darrick Johnson 2050 Las Brisas Ct. Jacksonville, FL 32224 Article VII Incorporator

The name and address of the incorporator is:

Darrick Johnson 2050 Las Brisas Ct. Jacksonville, Fl 32224

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

X Laurich Johnson Signature/Registered Agent

+ 4-25-07 Date