

P070000 56210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

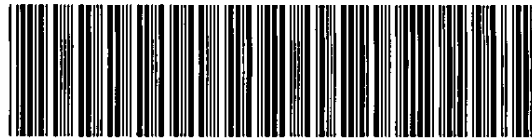
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/07--01012--011 **50.00

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RECEIVED
07 MAY 11 AM 10:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAY 11 AM 10:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

207A(x0)33017

5/10/07

COVER LETTER

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

SUBJECT: Hands-on Security Co.
(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: Bobby L. Hand
Name (Printed or typed)

11425 Regiment Loop
Address

Tallahassee Fl. 32305
City, State & Zip

(850) 421-0031
Daytime Telephone number

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:

Hands-on Security Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*11425 Regiment Loop
Tallahassee, FL. 32305*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business for Profit

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

~~Atlee~~
Bobby L. Hand

ARTICLE VI REGISTERED AGENT

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

*Bobby Hand
11425 Regiment Loop
Tallahassee, FL. 32305*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Bobby Hand
11425 Regiment Loop
Tallahassee, FL. 32305*

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

Bobby Hand

Signature/Registered Agent

Bobby Hand

Signature/Incorporator

5/11/07

Date

5/11/07

Date

FILED
07 MAY 11 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA