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SECRETARY OF STATE
ALL ASSACRATION

D. WHITE JUN . 1 1 2007

COVER LETTER

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

SUBJECT: David Spellman Handyman		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		•
Enclosed are an original and one (1) copy of the article	cles of incorporation and	a check for:
\$70.00 \$78.75	\$78.75	✓ \$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
	Status ADDITIONAL COPY REQUIRED	
The second secon		
FROM: David Paul Spellman, Inc.		
FROM: David Paul Spellman, Inc. Name (Printed or typed)		
•		
3370 Raulerson Rd		
	Address	
Saint Augustine, FL 32092		
City,	State & Zip	
004 000 5070		
904-669-5672	elephone number	
Daytime 1	erebuone namber	

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:

David Spellman Handyman Inc

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3370 Raulerson Rd Saint Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Maintenance & Repairs

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Paul Spellman - President

ARTICLE VI REGISTERED AGENT

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

David Paul Spellman 3370 Raulerson Rd. Saint Augustine, FL 32092

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

David Paul Spellman 3370 Raulerson Rd. Saint Augustine, FL 32092

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

Double Signature And accept the appointment as registered agent and agree to det in this capacity

Date

10 - (e - 0')

Date

Date