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FLORIDA PROFIT/NON PROFIT CORPORATION

PROFESSIONAL HANDYMAN SOLUTION, INC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
PROFESSIONAL HANDYMAN SOLUTION , INC
THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF
FORMING A CORPORATION UNDER THE FLORIDA GENERAL
CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING
ARTICLES OF INCORPORATION.**

**ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:
PROFESSIONAL HANDYMAN SOLUTION , INC
PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL
BE:
611 SW 89TH CT, MIAMI, FLORIDA, 33174**

**ARTICLE II NATURE OF BUSINESS
THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL
LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS
OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER
STATE ,COUNTY, TERRITORY OR NATION.**

**ARTICLE III CAPITAL STOCK
THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE
THAT THIS CORPORATION IS AUTHORIZED TO HAVE
OUTSTANDING AT ANY TIME ONE TIME IS : 100 SHARES**

**ARTICLE IV TERM OF EXISTENCE
THIS CORPORATION IS TO EXIST PERPETUALLY.**

**ARTICLE V OFFICERS DIRECTORS
THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER
(S) AND DIRECTORS(S) , IF ANY, WHO SHALL HOLD OFFICE THE
FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL
THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE):
PABLO DEL SOL , 611 SW 89TH CT, MIAMI, FLORIDA,33174**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI INCORPORATOR(S)
THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

PABLO DEL SOL, 611 SW 89TH CT, MIAMI, FLORIDA, 33174

WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS JUNE, 27th, 2007

SIGNATURE(S) OF INCORPORATOR(S)



PABLO DEL SOL - PRESIDENT

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1.- THE NAME OF THE CORPORATION:

PROFESSIONAL HANDYMAN SOLUTION, INC

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:

PABLO DEL SOL 611 SW 89TH CT, MIAMI, FLORIDA, 33174

SIGNATURE _____

TITLE: - PRESIDENT

DATE: JUNE 27th , 2007

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE
ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATION OF THE SECTION 607.325 , FLORIDA STATUTES.

SIGNATURE _____

DATE: JUNE 27TH , 2007

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TALLAHASSEE, FLORIDA

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