

PD8000037128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800121726668

04/02/08--01014---002 **78.75

FILED

2008 APR 10 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CL. 4-11

COVER LETTER

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

SUBJECT: Handy Hands Inc.

(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: Nelson Martinez

Name (Printed or typed)

1545 SW 25 Ave

Address

Ft Lauderdale, FL 33312

City, State & Zip

954-326-2160

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2008

NELSON MARTINEZ
1545 SW 25 AVE.
FT. LAUDERDALE, FL 33312

SUBJECT: HANDY HANDS INC.
Ref. Number: W08000017045

We have received your document for HANDY HANDS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 008A00019488

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2008 APR 10 PM 1:01

ARTICLE I NAME

The name of the corporation shall be:

Handi Hands Inc.

HANDI HANDS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

1545 SW 25 Ave
Ft Lauderdale, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawn and maintenance

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):

ARTICLE VI REGISTERED AGENT

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

LAURA MARTINEZ

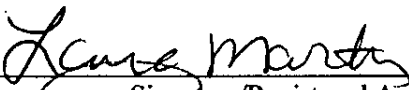
1545 SW 25 AVE. FORT LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nelson Martinez
1545 SW 25 Ave
Ft Lauderdale, FL 33312

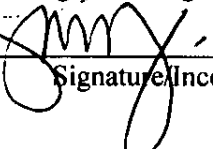
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-8-08

Date



Signature/Incorporator

3/31/08.

Date