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PICK-UP WAIT MAIL			
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2009 JUN 19 PH 1: 38
SECKETARY OF STATE
TALLAHASSEE, FI ORIE

1.2.6-19

## **COVER LETTER**

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

SUBJECT: JME Handy Work, Inc. (PROPOSED CORPOR	RATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 \$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: JAMES B EYLER, Sr		
Nam	e (Printed or typed)	<del></del>
3640 North Ride Dr.	Address	·
<u>Jacksonville, FL 32223</u> Ci	ty, State & Zip	
904-910-0868 Daytime	e Telephone number	<u></u>

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

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## ARTICLES OF INCORPORATION

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

2808 JUN 19 PM 1:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

JME HANDY WORK, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3640 North Ride Dr.

Jacksonville, FL 32223

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do Handyman work such as around the house fixes and repairs.

### ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James B Eyler, Sr. President 3640 North Ride Dr. Jacksonville, FL 32223

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: James B Eyler, Sr.

3640 North Ride Dr. Jacksonville, FL 32223

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: James B Eyler, Sr. 3640 North Ride Dr. Jacksonville, FL 32223

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 Date

| Odmer | Superior | Date
| Odmer | Superior | Date
| Odmer | Date | Date