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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

691 W09-4062



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2009 FEB -5 PH 2: 02

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COVER LETTER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 FEB -5 PM 2: 02

\$87.50

Status

ADDITIONAL COPY REQUIRED

Filing Fee,

Certified Copy & Certificate of

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

\$70.00

Filing Fee

\$78.75

Filing Fee

& Certificate of Status

SUBJECT: The Good Guys Handyman Services, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

□ \$78.75 ·

& Certified Copy

Filing Fee

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| • | | · · · · · · · · · · · · · · · · · · · |
|-------|---|---------------------------------------|
| FROM: | Travis W. Horne Name (Printed or typed) | - |
| | 7431 Amandas crossing Drive | NORTH |
| | Jacksonville, Fl 32244 | |
| | (904) 891-8247 | |

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



RECEIVED
DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 28, 2009

TRAVIS W. HORNE 7431 AMANDAS CROSSING DRIVE NORTH JACKSONVILLE, FL 32244

SUBJECT: THE GOOD GUYS HANDYMAN SERVICES, INC.

Ref. Number: W09000004062

We have received your document for THE GOOD GUYS HANDYMAN SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 709A00002991

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in the many of the problem of great and control of the control of

| 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: | |
| | |
| The Good Guys Handyman services, Inc | • |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal street address and mailing address, if different is: | |
| 7431 Amandas crossing Dr.N | |
| Jacksonville, Fl 32244 | |
| · · · · · · · · · · · · · · · · · · · | 20 DIV |
| The number of a which the assessment is a second in the se | 1500 Jish |
| The purpose for which the corporation is organized is: | FER DREAM |
| Home Improvement/Repair | AR C |
| | SPEC - |
| ARTICLE IV SHARES | ≆ ⊊S |
| The number of shares of stock is: | ?: |
| 100 shares of Stock | ⇔ 8 € |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | |
| Trans Home- owner-same as above | |
| Travis home work - surve as above | •' |
| | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | , |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: | |
| Travis W. Horne | |
| 7431 Amandas crossing Dr.N | |
| Jacksonville, F1 32244 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Trans W. Horne | • |
| THOUS VO. FIOTI W | |
| 7431 Arnandas crossing Dr.N. Jacksonville, FT 32244 | • |
| 50CKSONVINC(11 52-4-1 | * . |
| Having been named as registered agent to accept service of process for the above stated corporation at the pla | ce designated in this |
| certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity | co acoignates in illis |
| | |
| 1/21/0 |) \ |
| Signature/Registered Agent Date | |

Signature/Incorporator