

PO9000034477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

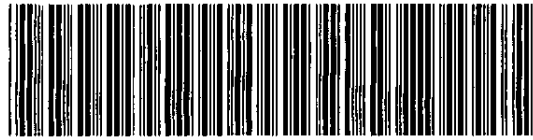
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/02/09--01015--025 \*\*78.75

09 APR 16 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILED

VA  
1109-15717

**COVER LETTER**

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

**SUBJECT:** TIM'S 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:** DAN L. BEAVER  
Name (Printed or typed)

10525 99th STREET N.  
Address

LARGO, FL 33773  
City, State & Zip

727-398-0809  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2009

DAN BEAVER  
10525 99TH STREET N  
LARGO, FL 33773

SUBJECT: TIM'S HANDY HANDS, INC.  
Ref. Number: W09000015707

We have received your document for TIM'S 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 409A00011343

APPROVED  
AND  
FILED

09 APR 16 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

TIM'S HANDY HANDS, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

P. O. BOX 707  
LARGO, FL 33779

1343 LAKEVIEW ROAD  
CLEARWATER, FL 33756

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSES.

**ARTICLE IV SHARES**

The number of shares of stock is:

7,500

**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:

DAN BEAVER  
10525 99th STREET N.  
LARGO, FL 33773

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TIM LINNEMAN  
P. O. BOX 707  
LARGO, FL 33779

\*\*\*\*\*

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

3-30-09

Date

Signature/Incorporator

3-30-2009

Date