# P09000087634

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PICK-UP WAIT MAIL				
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# **COVER LETTER**

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

SUBJECT:	PORTUONDO MARIO HANDS SERVICE INC.		
Enclosed are an orig	(PROPOSED CORPORAtional and one (1) copy of the art	TE NAME – MUST INCL	
\$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
FROM:		IO HANDS SERVICE	INC.
	Name (Printed or typed)  15660 SW 82 CIRCLE LANE #69  Address		
_	MIAMI FLORIDA 33193 City, State & Zip		
	786-478-5647  Daytime Telephone number		
<u> </u>	portuondo_m@yahoo.com E-mail address: (to be used for future annual report notification)		

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 09 001 22 PM 12: 59

DEPARTMENT OF STATE BIVISION OF CORPORATIONS STAT LAHASSEE, FLORIDA

October 14, 2009

MARIO J PORTUONDO 15660 SW 82 CICLE LANE #69 MIAMI, FL 33193

SUBJECT: HELPING HANDS SERVICE INC.

Ref. Number: W09000045830

We have received your document for HELPING HANDS SERVICE 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 registered agent must have a Florida street address. A post office box is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2010 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 509A00032999

# 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:

# PORTUONDO MARIO HANDS SERVICE INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 15660 SW 82 CIRCLE LANE #69 MIAMI FLORIDA 33193.

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

# ARTICLE IV SHARES

The number of shares of stock is: 1000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): MARIO J. PORTUONDO 15660 SW 82 CIRCLE LANE #69 MIAMI FL 33193.

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: MARIO J.PORTUONDO 15660 SW 82 CIRCLE LANE #69 MIAMI FL 33193

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Title P,S MARIO J.PORTUONDO 15660 SW 82 CIRCLE LANE #69 MIAMI FLORIDA 33193

VP,T MARIA E. DE LA TORRE 18133 SW 133 CT MIAMI

**FLORIDA 33157** 

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

Signature/Incorporator

Date