

P09000091272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

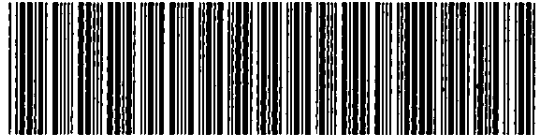
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2009 NOV -4 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bush NOV 5 2009

## COVER LETTER

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

SUBJECT: CARE HANDYMAN 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: RIFET HUSIDIC  
Name (Printed or typed)

5219 DAMASCUS RD. SOUTH  
Address

TACKSONVILLE FLORIDA 32207  
City, State & Zip

904 240 - 5448  
Daytime Telephone number

rifethusidic@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

**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:

CARE HANDYMAN INC.

**ARTICLE II PRINCIPAL OFFICE**

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

5219 DAMASCUS ROAD SOUTH  
JACKSONVILLE FL, 32207

**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:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

RIFET HUSIDIC - PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

RIFET HUSIDIC  
5219 DAMASCUS RD. S. JACKSONVILLE FL, 32207

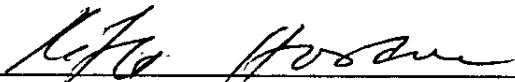
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RIFET HUSIDIC  
5219 DAMASCUS RD. S. JACKSONVILLE FL, 32207

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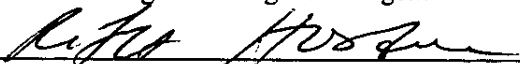
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11-02-09

Date



Signature/Incorporator

11-02-09

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA