

PO9000100334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Ending per customer

nh

Office Use Only



000163534840

12/14/09--01020--006 **78.75

FILED
09 DEC 14 PM 1:43

nh

12-15-09

COVER LETTER

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

SUBJECT: 10 Point Handyman Services

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: David L. Manna

Name (Printed or typed)

615 NW Oleander St. # 202

Address

Stuart, FL 34994

City, State & Zip

772-409-7475

Daytime Telephone number

manndavid@yahoo.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:

10 POINT HANDYMAN SERVICES Co.

ARTICLE II PRINCIPAL OFFICE

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

615 NW Oleander St #202
STUART, FL 34994

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:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David L. Manna - President
Lesley Wax Manna - Secretary

ARTICLE VI REGISTERED AGENT

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

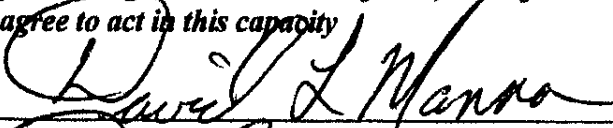
David L Manna
615 NW Oleander St #202
STUART, FL 34994

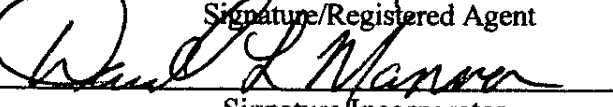
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

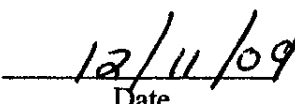
DAVID L Manna
615 NW OLEANDER ST #202
STUART, FL 34994


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


Date

FILED
09 DEC 14 PM 1:43