P1/8000/03/6

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COVER LETTER

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

SUBJECT: Ato Z HANDYMAN SERVICES OF CENTRAL FLORIDA INC.

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	1974 FLOWER	(Printed or typed) CIRCLE	
K	assimmee F	Address LORIDA State & Zip	34744
	407. 870. 2 Daytime T	elephone number	
	JIMPETELLA E-mail address: (to be use	e yman co	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: A TO Z HANDYMAN SERVICES OF CENTRAL FLORIDA, INC.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1974 FLOWER CIRCLE KISSIMMEE, FLORIDA ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO PROVIDE HOME REATIR SERVICES
ARTICLE IV SHARES The number of shares of stock is: 1,000
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: JAMES PEREIRA 1974 FLOWER CIRCLE KISSIMMEE, FLORIDA 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JAMES PEREIRA 1974 FLOWER CIRCLE KISSIMMEE, FLORIDA 34744 *********************************
James Pereira 1-25.11 Signature/Incorporator Date