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(1	Requestor's Name)
(.	Address)
(,	Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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COVER LETTER

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

SUBJECT: Johnny Bonks Conference	rete INC. Handy Man
Enclosed are an original and one (1) copy of the art	
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: 30hny h. Name	Banks e (Printed or typed)
6	Address Address
Tollohassee /	•
<u>850-374-</u> Daytime 7	Felephone number
E-mail address: (to be use	ed 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 II NAME The name of the corporation shall be: 50h noy ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 1630 66/11/2 163/2 16	180
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: 90	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: 50hnness State State Address: Address: Fig. 32 1/2012 State State President Vice Vissionet	; Road
Name and Title: Address: Address: Address:	
Name and Title:Name and Title:Address:	
ADMYCK D.W. DDCKCOMPDDD ACMYM	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: 50hnay A. Banss Address: 2636 Editions 10 500 Tallussee 16. 38305	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Address: Lloss I Balkins Park for Tallahus-e fla 32305	
Having been named as registered agent to accept service of process for the above stated corporation at the place designation this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity [] [] [] [] [] [] [] [] [] [] [] [] [] [ated in
Required Signature/Registered Agent Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ed in a