## P11000/05882

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
	WAIT	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MRD/4

## **COVER LETTER**

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

SUBJECT: Handy Man Hall (PROPOSED CORPORA	Puval Inc
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75  Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: <u>Sanvel Ray</u> Name	(Printed or typed)
1215 Ribault	River Dr Address
Jax Fla 30 City,	00
904-891-85 Daytime Te	2/8 elephone number
Hallsdry wall	andhume repair & de hoo. com
E-man address. (to be used	i for future attriual report florification)

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)

<u>ARTICLE II PRI</u>	NCIPAL OFFICE	N. faithing	
/2 18	Principal street address	r Or Mailing	address, if different is:
Jac	Kson Wille FL		
<del></del>	32208		
ARTICLE III PUR	POSE		
The purpose for which	the corporation is organized is:		\$5 -
Profit			LEG 3
MOTI			至
			S
			SERV
ARTICLE IV SHA			77
The number of shares of	stock is: /OO		LOST
ARTICLE V INIT	TIAL OFFICERS AND/OR DI	RECTORS	SECRETARY OF STATE
Name and Title:	Samuel Ray Ha	Name and Title: Address:	P
Address:	215 Ribautt Riv	Address:	
/ 1	lacksonville, LL 3	522 <u>08</u>	
Name and Title: Address:		Name and Title:	
Address.		Aduless.	
_			
Name and Title		Name and Title:	
Address:		Address:	
_			
_	·		
	SISTERED AGENT		
The name and Florida s	treet address (P.O. Box NOT acco	eptable) of the registered agent is:	
Name: Address:	Samuel Ray Hall 1215 Ribault Ri	Sec Ac	
, , , , , , , , , , , , , , , , , , , ,	Jackson wille - PC	32208	
	ORPORATOR	<del>-</del>	
he name and address of	of the Incorporator is:	_	
Name:	Samuel Ray Hall 1215 Ribaul + Ri Jacksonville, Fl	Jr	
Address:	215 Ribault Ri	VEC UP	
	sucreson ville, pe	<del>2</del>	
		of process for the above stated corp	
his certificate, I am fam	iliar with and accept the appointm	ent as registered agent and agree to	act in this capacity
$\mathcal{L}$	D. OLIN 1		17 112
estamuel	Required Signature/Registered A	a cent	/2 /0
	vodenien aiknemenvekiaksen v	rgein.	Date
	and affirm that the facts stated h	erein are true. I am aware that the gree felony as provided for in s.817.1	