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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
· <u>.</u>				
	Office Use On	lv		



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SECRETARY OF STATE
TALL ALLESSES

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COVER LETTER

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

SUBJECT: The Villager's Handym	an, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$78.75	\$78.75	\$87.50
Filing Fee Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
& Conneate of Status	& Certified Copy	& Certificate of
		Status
	ADDITIONAL CO	PPY REQUIRED
EROM Pono Roughard		
FROM: Rene Bouchard Name	(Printed or typed)	
1315 Lester Dr		<u> </u>
A	Address	
Lody Loko EL 20150		
<u>Lady Lake, FL 32159</u> City.	State & Zip	
2.9,		
(352) 205-2794		
Daytime Te	elephone number	
kathyzwiahal@amail.com		
<u>kathyzwiebel@gmail.con</u> 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 II	PRINCIPAL OFFICE		
AKIICIMI	Principal street address	Mailino	address, if different is:
13	315 Lester Dr	waning	addiess, if different is.
·	ndy Lake, FL 32159		
_			70 -
	WITE DOOR		EC 2
ARTICLE III F			APR XRET
Any and all lav	ich the corporation is organized is:		SE SE
Ally allu all lav	Midi business		- IL 20 ARY 1888
			PH ED
			ST 5
			<u> </u>
ARTICLE IV			ta €
The number of share	s of stock is:100		•
ARTICIE V	INITIAL OFFICERS AND/OR DIREC	TODG	
Name and Tit	e:Rene Bouchard, President	Name and Title:	
Address:	1315 Lester Dr	Address:	
	Lady Lake, FL 32159		
Name and Tit	e:	Name and Title:	
Address:		Address:	
Name and Titl	e:	Name and Title:	
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Rene Bouchard	, •	
Address:	1315 Lester Dr		
	Lady Lake, FL 32159		
40000000000	•		
	NCORPORATOR		
Name:	ess of the Incorporator is: Rene Bouchard		
Address:			
Addiess.	1315 Lester Dr Lady Lake, FL 32159		
	Lauy Lake, FL 32 139		
Having been named	as registered agent to accept service of pr	ocess for the above stated corp	poration at the place designated in
inition difficult, I am	familiar with and accept the appointment a	s regisiereu ugeni unu ugree w	act in this capacity
Kani	1 Della and		04/17/2012
June /	Required Signature/Registered Agent		04/1//2012 Date
/	Toquirea Signature Registered Agent		Date
I submit this docum	ent and affirm that the facts stated herein	are true. I am aware that the	e false information submitted in a
document to the Dep	partment of State constitutes a third degree f	elony as provided for in s.817.1	155, F.S.
(,/ ' /			
Kovo /	() ouch ord		04/17/2012
	Dogwood Cignothuno/Inggamanatan		Date