

P12000060798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

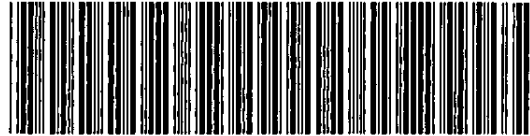
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400237198634

400237198634  
07/10/12--01015--010 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 10 PM 1:34

Ps - Miller

## COVER LETTER

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

SUBJECT: Harvey Hays Inc.  
(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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Harvey Hays  
Name (Printed or typed)  
4117 Native Garden DR.  
Address  
Plant City, FL 33565  
City, State & Zip  
813 754-1922  
Daytime Telephone number  
N/A  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JUL 10 PM 1:34

**ARTICLE I NAME**

The name of the corporation shall be: Harvey Hayes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4117 Native Garden Dr.  
Plant City, FL  
33565

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Handyman Business for Profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Harvey Hayes, President Name and Title: \_\_\_\_\_  
Address: 4117 Native Garden Dr. Address: \_\_\_\_\_  
Plant City, FL  
33565

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Harvey Hayes  
Address: 4117 Native Garden Dr.  
Plant City, FL 33565

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Harvey Hayes  
Address: 4117 Native Garden Dr.  
Plant City, FL 33565

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

James H. Haynes  
Required Signature/Registered Agent

7/03/12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

James H. Haynes  
Required Signature/Incorporator

7/03/12  
Date