

P12000097201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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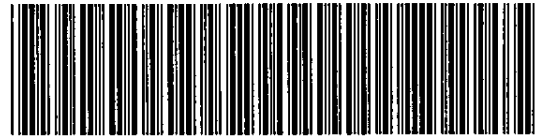
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 26 AM 10:10

PS 11/26/12

COVER LETTER

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

SUBJECT: One For All Handyman Services, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Daniel Gomez
Name (Printed or typed)
550 S.W. Comet Terrace
Address
Port St. Lucie, Florida 34953
City, State & Zip
(954) 592-3666
Daytime Telephone number
oneforallhs@hotmail.com
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 I NAME

The name of the corporation shall be:

ONE FOR ALL HANDYMAN SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

550 S.W. Comet Terrace

Port St. Lucie, Florida 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide handyman, repair services for residential customers and on occasion commercial buildings

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Gomez, President

Address: 550 S.W. Comet Terrace

Port St. Lucie, Florida 34953

Name and Title: _____

Address: _____

Name and Title: Alejandra Villegas, Secretary, Treasurer

Address: 550 S.W. Comet Terrace

Port St. Lucie, Florida 34953

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Daniel Gomez

Address: 550 S.W. Comet Terrace

Port St. Lucie, Florida 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

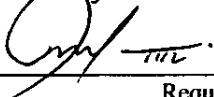
Name: Daniel Gomez

Address: 550 S.W. Comet Terrace

Port St. Lucie, Florida 34953

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

X



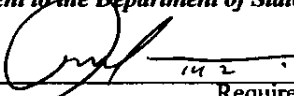
Required Signature/Registered Agent

11/19/2012

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.

X



Required Signature/Incorporator

11/19/2012

Date

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DIVISION OF CORPORATIONS
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