

P13000016364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

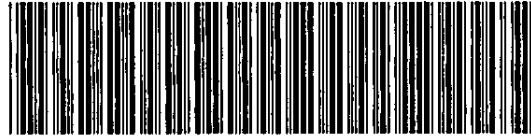
(Business Entity Name)

(Document Number)

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

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13 FEB 18 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/19/13

COVER LETTER

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

SUBJECT: The Home Team 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  
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: Thomas McDaniel's  
Name (Printed or typed)

2699 RS Bailey Dr E.  
Address

Jacksonville FL 32246  
City, State & Zip

904 - 239 - 2802  
Daytime Telephone number

tommy.mcdaniels68@gmail.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: The Home Team Handyman Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2699 RS Bailey Dr E  
Jacksonville FL 32246

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for the purposes of trans-  
acting any or all lawful business permitted  
under the laws of the United States and the  
State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares @ .01 common stock parvalue

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

Name and Title: Thomas McDaniels Name and Title: President  
Address: 2699 RS Bailey Dr E Address: \_\_\_\_\_  
Jacksonville FL 32246

Name and Title: Laura McDaniels Name and Title: Treasurer  
Address: 2699 RS Bailey Dr E Address: \_\_\_\_\_  
Jacksonville FL 32246

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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:

Thomas McDaniel's

Address:

2699 RS Bailey Dr E  
Jacksonville FL 32246

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

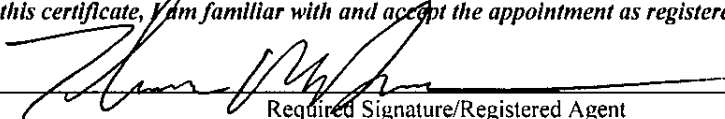
Name:

Thomas McDaniel's

Address:

2699 RS Bailey Dr E  
Jacksonville FL 32246

*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*

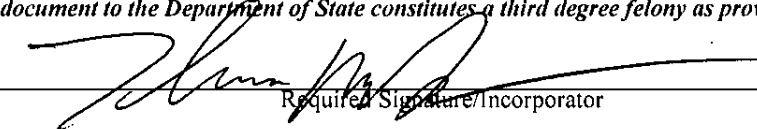


Required Signature/Registered Agent

Feb-14-2013

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.*



Required Signature/Incorporator

Feb-14-2013

Date

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