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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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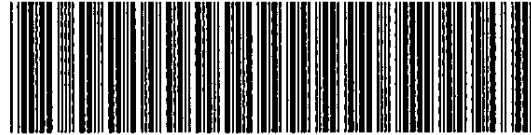
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

## COVER LETTER

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

**SUBJECT: Dan Cimas Handyman, 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 M. Cimas, Jr.**

Name (Printed or typed)

**860 Pine Ridge Drive**

Address

**Plantation, FL 33317**

City, State & Zip

**954-854-0886**

Daytime Telephone number

**gallaghercimas@bellsouth.net**

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: Dan Cimas Handyman, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

860 Pine Ridge Drive

Plantation, FL 33317

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Mailing address, if different is:

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TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Supplying handyman services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Daniel M. Cimas, Jr., President

Address: 860 Pine Ridge Drive  
Plantation, FL 33317

Name and Title: Sherry L. Gallagher, Secretary

Address: 860 Pine Ridge Drive  
Plantation, FL 33317

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

(cont.)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Daniel M. Cimas, Jr.

Address: 860 Pine Ridge Drive  
Plantation, FL 33317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sherry L. Gallagher

Address: 860 Pine Ridge Drive  
Plantation, FL 33317

*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*

Daniel M. Cimas, Jr.

Required Signature/Registered Agent

2/25/2013

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.*

Sherry L. Gallagher

Required Signature/Incorporator

2/25/2013

Date