Pannons XII

(Req	uestor's Name)			
(Add	ress)			
(Add	lress)			
(City	/State/Zip/Phone	· •#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer;			

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SECRETARY OF STATE
SECRE

m 9/24

COVER LETTER

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

_{SUBJECT:} Me- Man Handyman					
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCLI</u>	UDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status			
	ADDITIONAL CO				
FROM: Tom Wagner	(Printed or typed)				
708 Pinewood Driv	ve				
Address					
Dunedin,Fl 34698					
•	State & Zip				
727-403-	9723				
717 - 403 - 9723 Daytime Telephone number					
E-mail address: (to be used	I for future annual report i	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)

Principal street address 8 Pinewood Drive		Mailing address,	Mailing address, if different is a	
Ounedin Fl 34698			AFE TA	
TCLE III PUT ourpose for which	the corporation is organized is: Any an	d all lawful business	PH 2: 32	
•	TIAL OFFICERS AND/OR DIRECTOR	88		
TCLE V IN		RS Name and Title:		
TCLE V IN	TIAL OFFICERS AND/OR DIRECTOR			
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR le: Tom Wagner-President 708 Pinewood Drive	Name and Title:Address:		
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Tom Wagner-President 708 Pinewood Drive Dunedin Fl 34698	Name and Title: Address: Name and Title:		
Name and Tit Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Tom Wagner-President 708 Pinewood Drive Dunedin Fl 34698	Name and Title: Address: Name and Title: Address:		

Name and	1 Title:	Name and Title:	
Address	,	Address:	13 SEP 20 PA
ARTICLE VI The name and Fl	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Insight Accounting LLC	the registered agent is:	PM 2: 32 OF STATE FLORIDA
Address:	801 West Bay Drive Ste 512		
	Largo Fl 33770		
ARTICLE VII	INCORPORATOR		
The name and ad	<u>dress</u> of the Incorporator is:		
Name:	Tom Wagner		
Address:	708 Pinewood Drive		
	Dunedin Fl 34698		
Having been nam this certificate, I d	ned as registered agent to accept service of process im familiar with and accept the appointment as regi f William	istered agent and agree to act i	on at the place designated in in this capacity Date
	Required Signature/Registered Agent		Date
	iment and affirm that the facts stated herein are is separtment of State constitutes a third degree felony	true. I am aware that the false	e information submitted in a
Jon	4 Corner		9-15/13
	Required Signature/Incorporator		Date