

P 14000009718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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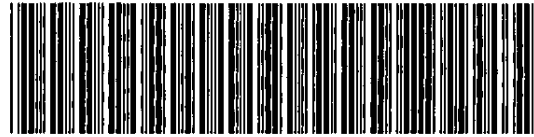
(Business Entity Name)

(Document Number)

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14 JAN 27 PM 3:42

gn 2/3/14

## COVER LETTER

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

SUBJECT: **REGINAL'S 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: **REGINAL LAGUERRE**

Name (Printed or typed)

**1051 NE 140 ST**

Address

**MIAMI FLORIDA 33161**

City, State & Zip

**786-7128499**

Daytime Telephone number

**LAGUERREREGINAL@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: **REGINAL'S HANDYMAN SERVICES INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**1051 NE 140 ST**

**MIAM FL 33161**

Mailing address, if different is:

**1051 NE 140 ST**

**MIAMI FL 33161**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TROUBLESHOOTING REPAIR  
AND REMODEL**

**ARTICLE IV SHARES** **100**

The number of shares of stock is:

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

Name and Title: **REGINAL LAGUERRE PRESIDENT**

Address **1051 NE 140 ST**

**MIAMI FL 33161**

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

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

Name and Title: **JHENSON LAGUERRE V/P**

Address **1051 NE 140 ST**

**MIAMI FL 33161**

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

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

Name and Title: **ADELINE BASTIEN SECRETARY**

Address **1051 NE 140 ST**

**MIAMI FL 33161**

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

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

(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: REGINAL LAGUERRE  
Address: 1051 NE 140 ST  
MIAMI FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: REGINAL LAGUERRE  
Address: 1051 NE 140 ST  
MIAMI FL 33161

*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

01/22/14  
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

01/22/14  
Date

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