

MAR/05/2014/WED 11:40 AM

FAX No.

P.001

3/5/2014

Division of Corporations

P14 000020652

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000054000 3)))



H140000540003ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -5 AM 11:12

**FLORIDA PROFIT/NON PROFIT CORPORATION
VIRAF HANDYMAN CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

3/6/14

RECEIVED

14 MAR -5 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR/05/2014/WED 11:40 AM

FAX No.

P. 002

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:

VIRAF HANDYMAN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6940 NW 186 STREET

SAME

APT 1-420

HIALEAH, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR - 5 AM 11:12

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **VICENTE RAFAEL HERNANDEZ (P/D)**

Name and Title: _____

Address

6940 NW 186 STREET

Address: _____

APT 1-420

HIALEAH, FL 33015

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

MAR/05/2014/WED 11:40 AM

FAX No.

P. 003

(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: VICENTE RAFAEL HERNANDEZ

Address: 6940 NW 186 STREET APT 1-420

HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

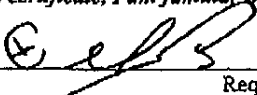
The name and address of the Incorporator is:

Name: VICENTE RAFAEL HERNANDEZ

Address: 6940 NW 186 STREET APT 1-420

HIALEAH, FL 33015


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

03/04/2014

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

03/04/2014

Date