P/4000023784

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer: ENTERED THE TERM "1" UNDER PRITICIE IN COMMES	1
CONVERSATION WITH	
UNDER PRITICIE IN CSUMES PERTELEPHONE CONVERSATION WITH TORGE A. LEON.	
Office Use Only	



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SECRETARY OF STATES

a 03/17/14

COVER LETTER

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

	HANDY	PIONS	CODD
CHID TECT.		LIUNO,	CORE

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

closed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fec, Certified Copy & Certificate of Status PPY REQUIRED

FROM: JORGE A. LEON	
Name (Printed or ty	ped)
6807 SW 105th COURT	
Address	
MIAMI, FL 33173	
City, State & Zip	
305-302-6100	
Daytime Telephone num	ber
HANDYLIONSCORP@GMAIL E-mail address: (to be used for future an	
E-man address. (to be used for future an	muai report nonneamon)

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

1. 1. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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: HANDY LIONS C ARTICLE II PRINCIPAL OFFICE Principal street address JORGE A: LEON			g address, if different is:
6807 SW 105			
MIAMI, FL 33	3173		
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:	YMAN WORK	
			CRETAR T
The number of shares of shares of the number of shares of the shares of	f stock is:		ILED 13 M 2:56 RY OF STATE SSEE, FLORIDA
	f stock is:		ILED 13 M 2: RY OF SIATI SSEE, FLORID
The number of shares of sh	TIAL OFFICERS AND/OR DIRECTO IC. JORGE A. LEON - PRESIDEN 6807 SW 105th Court	Name and Title: Address: Name and Title:	ILED 13 AM 2: 56 RY OF STATE SSEE, FLORIDA

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	·
Name:	JORGE A. LEON	. me registered agent is:	
Address:	6807 SW 105th COURT	-	RAI 🕇
	MIAMI, FL 33173	-	F. MAR.
ARTICLE VII	<u>INCORPORATOR</u>		IL E
The name and ad	dress of the Incorporator is:		FLOSE D
Name:	JORGE A. LEON	_	VON TE
Address:	6807 SW 105th COURT	_	0 ,
	MIAMI, FL 33173	-	
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg		
	092460-		03/10/14
	Required Signature/Registered Agent		Date
I submit this document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fa y as provided for in s.817.15	lse information submitted in a 5, F.S.
Δ	- Nalew -		03/10/14
	Required Signature/Incorporator		Date