

P 14000045283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

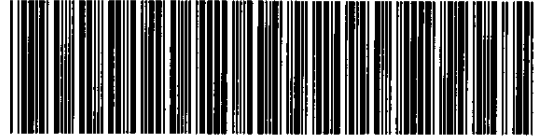
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Certified Copies _____

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Office Use Only



500257361795

03/05/14--01012--015 **78.75

14 MAY 21 AM 11:21

SECRETARY OF STATE
DIVISION OF REGISTRATION

W/140 14689

5-22-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 MAY -5 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 11, 2014

G
DIANNIS ISLANIDIS
3349 ALOUETTE CIRCLE
APT #4
FT. MYERS, FL 33907

SUBJECT: ISLA CORPORATION
Ref. Number: 500257361795

We have received your document for ISLA CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 714A00004984

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:

ARTICLE II PRINCIPAL OFFICE

Principal street address

3349 Alouette cir apt. #4
Ft. Myers, FL, 33907

Mailing address, if different is:

Islandis Handyman Services Corp

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Miscellaneous maintenance
and repair

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Giannis Islandis
president

Name and Title:

Address

3349 Alouette cir.
apt # 4, Ft. Myers, FL 33907

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
CLERK OF DISTRICT COURT
DIVISION OF INCORPORATION
14 MAY 21 PM 11:21

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: Giannis Islandis
Address: 3349 Alouette cir. apt #4
Ft. Myers, FL, 33907

ARTICLE VII INCORPORATOR

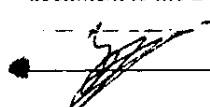
The name and address of the Incorporator is:

Name: Giannis Islandis
Address: 3349 Alouette cir apt #4
Ft. Myers, FL, 33907.

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 03/03/14 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 03/03/14 Date