P14000046546

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$87.50
Filing Fee Filing Fee & Certificate of Status

\$Certified Copy & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: **DOM: **DOM: **ADDITIONAL COPY REQUIRED**

FROM: **Certificate of Status**

ADDITIONAL COPY REQUIRED

**ADDITIONAL COPY REQUIRED

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2014

4.44

YOLANDA RODRIQUEZ 66 E. FOUR SEASONS RD. PALM BEACH GARDENS, FL 33410

SUBJECT: HANDY MANNY, INC. Ref. Number: W14000026291

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

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name and document number of conflict is "L06000059918 - HANDY MANNY LLC".

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 314A00008880

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

ARTICLE I NAME The name of the corporation shall	1 be: Handy Man	ny Mainten	ance a Ser	<u>U</u> ices,
6054 Feller	Street address 3458	Cole & Mailing Drilm T	FOUR SEO	SORS ? Indens,
ARTICLE III PURPOSE The purpose for which the corpo OSINESS. TO	provide Y	and all	lawful Service	<u>S.</u>
			# 1 M 8 2 1 W 10 4	
Name and Title: YOO		ors Overschert Idaddress: Lens,		
				<u></u>

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O) Box NOT acceptable) of Name: Address: OLL E. FOLY SOOPS Tolynology Address: OLL E. FOLY SOOPS	The registered agent is: Rd. 3, F1. 33410
ARTICLE VII INCORPORATOR	
Name: Address: Olanda Modrique Address: Olanda Modrique Address: Olanda Modrique Palm Beach Grand	Z 18 Rd. ens, F1. 33410
Having been pared as registered agent to accept service of process this certificate, am families with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Dequired Signature/Registered Agent I submit this occument and affirm that the facts stated herein are a document to the Department of State constitutes a third degree felong	Datc true. I am aware that the false information submitted in a
Dequired Signature/Incorporator	Date