P14 900054623

| (Re | equestor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

No kolo

COVER LÈTTER

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

| SUBJECT: Brevard's Best Handyman 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 □ \$78.75

Filing Fee Filing Fee & Certificate of Status

■ \$78.75 □ \$87.50

Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

| ED 014 | Steven G. Keiser | | |
|--------|---|--|--|
| FROM: | Name (Printed or typed) | | |
| | 707 Autumn Glen Dr. | | |
| | Address | | |
| | Melbourne, Florida 32940 | | |
| | City, State & Zip | | |
| | 321-863-4069 | | |
| | Daytime Telephone number | | |
| | wind@cfl.rr.com E-mail address: (to be used for future annual report notification) | | |

NOTE: Please provide the original and one copy of the articles: The state of the st

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

| The name of the corporat | E Brevard's Best Ha | ndyman In | C. | |
|---|--|-----------------------------------|---------------------------------------|--|
| ARTICLE II PRII | VCIPAL OFFICE Principal street address | Mailing address, if different is: | | |
| Steven G. Keis | ser | | | |
| 707 Autumn G | Glen Dr | | | |
| Melbourne, Flo | orida 32940 | | | |
| ARTICLE III PURI | POSE Homo im | provoment | and small renaire. Painting | |
| | POSE ne corporation is organized is: | | | |
| Dry walling, Do | pors and Trim, Pool Fenci | ng, Landso | aping, Tile work, Ect. | |
| *************************************** | | | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
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| | | | ○ | |
| | IAL OFFICERS AND/OR DIRECTOR Steven G. Keiser President | | Denine Chang Vice President | |
| Address | 707 Autumn Glen Dr | Address: | 707 Autumn Glen Dr | |
| Address | Melbourne, Florida 32940 | Address: | Melbourne, Florida 32940 | |
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
| | | | | |
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
| | | | | |

| Name and | Title: | Name and Title: | |
|------------------|--|--------------------------|----------------|
| Address | | Address: | |
| ARTICLE VI | REGISTERED AGENT | | |
| The name and Flo | rida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: | Steven G. Keiser | | |
| Address: | 707 Autumn Glen Dr. | | |
| | Melbourne, Florida 32940 | | |
| | INCORPORATOR Iress of the Incorporator is: | | |
| Name: | Steven G. Keiser | | |
| Address: | 707 Autumn Glen Dr. | | |
| | Melbourne, Florida 32940 | | |
| | ed as registered agent to accept service of process m familiar with and accept the appointment as reg | | |
| | Required Signature/Registered Agent | | Date |
| | ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony | | |
| Stur- | 1) Keise | | June 20th 2014 |
| | Required Signature/Incorporator | | Date |