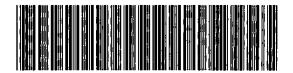
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office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



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FILED 14 JUL -7 PH 3: 25 SECRETARY FINANCE

COVER LETTER

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

SUBJECT: Lati	mer handy man	service inc.,	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: Je	estie Latimer	e (Printed or typed)	
33	340 sw 59 terr.		
W	est Park Florida	Address 33023	
	City	State & Zip	
98	54 699-4646		
	Daytime 1	Telephone number	
ch	ristina vasquez371		
	E-mail address: (to be use	ed for future annual report	notification)

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

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

11015 II PRI 140 sw 59 te	NCIPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:	
est Park Flo				
	,	**************************************	<u> </u>	
purpose for which the	POSE ne corporation is organized is: Handy I	man services		
				
TICLE IV SHA number of shares of	RES stock is:			
	stock is: OTTAL OFFICERS AND/OR DIRECTOR	<u></u>		
number of shares of	stock is:	• Name and Title:		
number of shares of	stock is: OTTAL OFFICERS AND/OR DIRECTOR	•	Fin 4	
number of shares of TICLE V INT Name and Title	TAL OFFICERS AND/OR DIRECTOR : Jestie Latimer (President)	Name and Title:	SEGRETARIA	
number of shares of TICLE V INT Name and Title	TAL OFFICERS AND/OR DIRECTOR Jestie Latimer (President) 3340 sw 59 terr.	Name and Title:	SEGRETARIASSI	
number of shares of TICLE V INT Name and Title	TAL OFFICERS AND/OR DIRECTOR Jestie Latimer (President) 3340 sw 59 terr.	Name and Title:	EGALTARY PA	
number of shares of TICLE V INIT Name and Title Address	AL OFFICERS AND/OR DIRECTOR Jestie Latimer (President) 3340 sw 59 terr. West Park Florida 33023	Name and Title:Address:	EGALTARY FOR 3:	
number of shares of TICLE V INT Name and Title Address Name and Title:	TAL OFFICERS AND/OR DIRECTOR: Jestie Latimer (President) 3340 sw 59 terr. West Park Florida 33023	Name and Title: Address: Name and Title:	ECAHASSEE FLOR	
number of shares of TICLE V INIT Name and Title Address	AL OFFICERS AND/OR DIRECTOR Jestie Latimer (President) 3340 sw 59 terr. West Park Florida 33023	Name and Title: Address: Name and Title:	EGALTARY IT SIN	
number of shares of TICLE V INT Name and Title Address Name and Title:	TAL OFFICERS AND/OR DIRECTOR: Jestie Latimer (President) 3340 sw 59 terr. West Park Florida 33023	Name and Title: Address: Name and Title:	ECAHASSEE FLOR	
number of shares of TICLE V INT Name and Title Address Name and Title: Address	TAL OFFICERS AND/OR DIRECTOR: Jestie Latimer (President) 3340 sw 59 terr. West Park Florida 33023	Name and Title: Address: Name and Title: Address:	EGALTARY FLANE	
number of shares of TICLE V INT Name and Title Address Name and Title: Address	TAL OFFICERS AND/OR DIRECTORS Jestie Latimer (President) 3340 sw 59 terr. West Park Florida 33023	Name and Title: Address: Name and Title: Address:	EGALTARY FLANE	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Jestie Latimer	
Address:	3340 sw 59 terr	
	West Park Florida 33023	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Jestie Latimer	
Address:	3340 sw 59 terr.	
	West Park Florida 33023	
	ned as registered agent to accept service of process am familiar 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
to	Who between	06/30/2014 🗓
Oy	Required Signature/Registered Agent	Date D
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	arts Stuns	06/30/2014
	Required Signature/Incorporator	Date