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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **Father & Son Handy Work Team**

(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
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 COPY REQUIRED

FROM: **TL COVERSON**

Name (Printed or typed)

9999 NORTHEAST 2 AVENUE - STE 219

Address

MIAMI SHORES, FLORIDA 33138

City, State & Zip

786-423-7991

Daytime Telephone number

TLCOVERSON@AOL.COM

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Father & Son Handy Work Team, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12025 NE 6th Avenue

Biscayne Park, FL 33161

Mailing address, if different is:

12025 NE 6th Avenue

Biscayne Park, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacques Calixte

Address 12025 NE 6th Avenue

Biscayne Park, FL 33161

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: TL COVERSON

Address: 9999 NORTHEAST 2 AVENUE - STE 219

MIAMI SHORES, FLORIDA 33138

ARTICLE VII INCORPORATOR

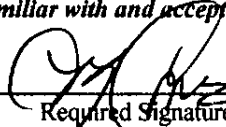
The name and address of the Incorporator is:

Name: TL COVERSON

Address: 9999 NORTHEAST 2 AVENUE - STE 219

MIAMI SHORES, FLORIDA 33138

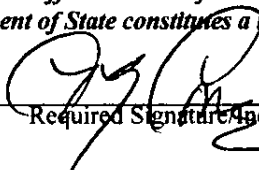
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

15 FEB 23
STATE OF FLORIDA
TALLAHASSEE
2/11/2015
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

2/11/2015
Date