P150000026807

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PICK-UP WAI	T MAIL
(Business Entity	/ Name)
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(Document Nun	nber)
Certified Copies Certifi	cates of Status
Special Instructions to Filing Officer	
Want to file	29
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SECRETARY OF STATE
TALL AHASSEE TO COME.







FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2015

RYAN HEMBREE 2121 HERON LAKE DR. UNIT 304 PUNTA GORDA, FL 33983

SUBJECT: PRESTIGE HANDYMAN INCORPORATED

Ref. Number: W15000013084

We have received your document for PRESTIGE HANDYMAN INCORPORATED 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 015A00003788

COVER LETTER

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

SUBJECT: <u>Precise</u> Hand	uman Inc
(PROPOSED CORPORA	TEWAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 \$\square \\$87.50\$ Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	(Printed or typed)
	the Drive Unit 304
Punta Gorda	F 33983 State & Zip
941 - 380 Daytime To	O- 1586 elephone number
Drecise Mandy E-mail address: (to be use	man ince amail com

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)

15 MAR 18 PM 4:11

The name of the corporat	tion shall be Precise Hay	ndyman Inc	SECRETADO
ARTICLE II PRI	tion shall be <u>Precise</u> Hay NCIPAL OFFICE Principal street address	Mailing addr	TALL AHASSEE. FLORIC ess, if different is:
2121 Heron	Lake Dr. Unit 304		
Punta Gora	la FL, 33983		
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:	lyman Seri	lices
	stock is: /(X) TIAL OFFICERS AND/OR DIRECTOR		
Name and Title	: Ryan Hembree/ Die	Name and Title:	
Address	2121 Heron Lake dr unit 304 PG. FL 33983	Address:	
Name and Title	· <u> </u>	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address			



15 MAR 18 PM 4: 12

Addre	ss	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Byan Hembree	-	
Address:	2121 Heron Lake Dr	<u>. </u>	
	Unit 304 PG FL 3	<u>33</u> 983	
The name and	INCORPORATOR address of the Incorporator is:		
Name:	Byan Hembree		
Address:	2121 Heron Lake Dr	<u>unit</u> 304	
	PG FL 33983		
Having been no this eertificate,	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corp registered agent and agree to	oration at the place designated in act in this capacity
Jagar -			3-19-2015
()	Required Signature/Registered Agent		Date
I submit this do documen) to the	eument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the lony as provided for in s.817.	false information submitted in a 155, F.S.
10			2-10-2016
7	Required Signature/Incorporator		Date