P15000027055

(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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10/06/14--01013--006 **70.00

COVER LETTER

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

SUBJECT:	Bogey's	Handum	un Services TENAME-MUSTINCLI	TAC.
	J (PROP	OSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (l) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certifica	te of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	Ω	0		

Name (Printed or typed)

1212 Moravia Ave Holly Hill

Address

Holly Hill FLorida 32117

City, State & Zip

386-453-0172

Daytime Telephone number

bogly bogardus & Yahoo, Com

JE-mail address: (to be used for future annual report notification)

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



October 9, 2014

BOGEY BOGARDUS 1212 MORAVIA AVE HOLLY HILL, FL 32117

SUBJECT: BOGEY'S HANDYMAN SERVICES INC.

Ref. Number: W14000061621

We have received your document for BOGEY'S HANDYMAN SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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: 414A00021609

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

The name of the corpo	oration shall be:	early's Han	dyman	Services	Inc.
	RINCIPAL OFFICE Principal street addre	3 /	,	Mailing address, if d	
1717 m	avia Ave	55	IV.	rannig address, ir d	imerent is:
4 11	11 FL 32	117			
HOUY FIL	11 1 6 ,) 04	-11 /			
ARTICLE III PU	JRPOSE				
The purpose for whic	h the corporation is orga	nized is: $\frac{10}{10}$	ovide a	Service	for the onstructa
Communi	ty and	generate	incomé	in C	onstructa
		<u> </u>			
			 .		
					22
				 	>:: 5 >:: 7
<u> </u>			V=-3		B P
ARTICLE IV S	HARES /	-	ن	1 11	
The number of shares	HARES of stock is: 500 5 CLASS	HARES U	uhich 51	hall CON	S/S/20T
	VITIAL OFFICERS A				
Name and T	itle: Begry B	DOWNING CET	Name and Title:	PRE.	SIDENT
Address	1212 MO	ravia Ave	Address:		
P-	Hally H	11 (7 321	<u>-</u>		
		. <u></u>	-		
		, ()	-		
Name and Ti	ile: Scutt l			Vice Pra	sident
Address	211 (000	try (lub)	Address: _		
; ;	ormand be	each, FL	_		
		32176	_		
	tle: <i>Bo H</i>	1 and idle	_	6510	BTARY
Name and Tit	ile: 100 17	1 WEYLEN	Name and Title:_	Store	
Address	ILI SLIPPFI TRAILS PALM C	CONCIND	Address: _		
	· IKAILS	EASI	<u> </u>		
	PHUM	DAST	th.		
	32	164			

Name and	Fitle:	Name and Title:	
· Address		Address:	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
	REGISTERED AGENT		:
The <u>name and Flo</u> i	ida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Bo Hawrylik	<u> </u>	.
Address:	14 slipper Circlid Tr Palm Coast FL 32164	<u>fasi</u>	è
	Palm Coast FL 32164	_	,
4 TO MY CO V TO 1971	INCORPORATOR		
ARTICLE VII	INCORPORATOR		
The <u>name and add</u>	ress of the Incorporator is:		
Name:	Bogey Bogardus		
Address:	1212 moravia Al	le _	
	Holly Hill FL 3	211 /	
Having been name	d as registered agent to accept service of proces	s for the above stated corporati	on at the place designated in
this certificate. I ar	n familiar with and accept the appointment as re	gistered agent and agree to act i	in this capacity
•	\mathcal{A}		
	1) Do XX 19		10/1/14
· · · · · · · · · · · · · · · · · · ·	Required Signature Registered Agent		Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felo		
Bowen	Bogardus		10 - 1 - 14 Date
θ	Required Signature/Incorporator		Date