

P/5000032097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

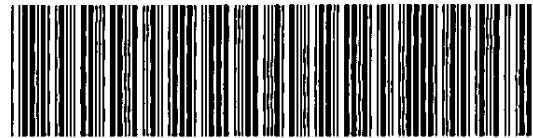
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/15--01003--011 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 APR -9 AM 11:18

RECEIVED
15 APR -9 AM 11:03
DIVISION OF CORPORATION

04/09/15

COVER LETTER

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

SUBJECT: Ewe Handyman Service 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

FROM: Elmer Combs
Name (Printed or typed)

16131 Sandstone Rd
Address

Fountain FL 32438
City, State & Zip

850-630-8011
Daytime Telephone number

Sheryl86manley@gmail.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: ELC Handyman Service inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

116131 Sandstone Rd

Fountain FL 32438

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful buisness

ARTICLE IV SHARES

The number of shares of stock is: 1

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elmer Combs / Pres. Name and Title: _____

Address 116131 Sandstone Rd Address: _____

Fountain FL 32438 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: Elmer Combs
Address: 16131 Sandstone Rd
Fountain FL 32438

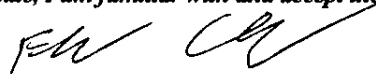
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: Elmer Combs
Address: 16131 Sandstone Rd
Fountain FL 324038

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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

 4/9/15
Required Signature/Registered Agent 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.

 4/9/15
Required Signature/Incorporator Date