

PIS 000058955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

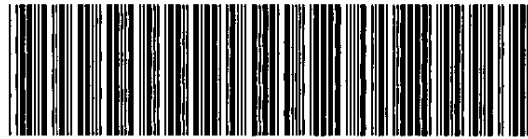
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
15 JUL 10 AM 10:53

7-14-15 H

COVER LETTER

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

SUBJECT: Just Do It Handyman Services 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~~
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: Anthony Alina - Morales
Name (Printed or typed)

51 Robys Dr. #2
Address

Mary Esther, FL 32569
City, State & Zip

8083080839
Daytime Telephone number

JDI Handyman Service @ 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: Just Do It Handyman Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

51 Robys DR. #2

Mary Esther, FL 32569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to offer home owners
affordable handy man services

ARTICLE IV SHARES

The number of shares of stock is: 10 *Per customer or*

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TALLAHASSEE, FLORIDA
15 JUL 10 AM 10:53

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Owner: Anthony Alina-Morales Name and Title: _____

Address: 51 Robys DR. #2 Address: _____

Mary Esther, FL 32569

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Anthony Alina - Morales

Address: 51 Robys DR. #2
Mary Esther, FL 32569

ARTICLE VII INCORPORATOR

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

Name: Anthony Alina - Morales

Address: 51 Roby DR. #2
Mary Esther, FL 32569

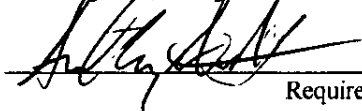
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

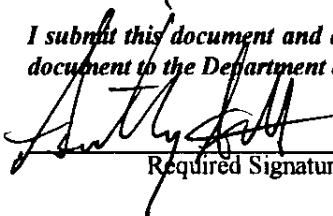


Required Signature/Registered Agent

7-8-15

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

7-8-15

Date