

P15000097947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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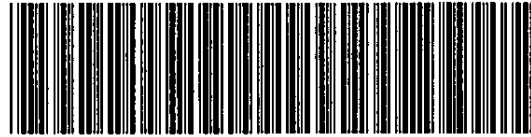
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 DEC - 1 PM 3:40

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: SOUTHERN EXPOSURE HANDYMAN SERVICE, CORP.

(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: MARK ROWLAND, President and Owner

Name (Printed or typed)

521 109th Avenue, Unit A

Address

Naples, FL 34108

City, State & Zip

239-248-7576

Daytime Telephone number

SouthernExposureMR@yahoo.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Southern Exposure Handyman Service, Corp.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

c/o Mark Rowland

521 109th Avenue, Unit A

Naples, FL 34108

Mailing address, if different

c/o Kathy S. McGuire, Resident Agent

803 Reef Point Circle

Naples, FL 34108

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Handyman Services including, but not limited to,

Aluminium Screen Enclosure Repairs, Gutter Cleaning, Power Wash , Remodeling Consultation, Carpentry, Home Watch,

Landscape Lighting Consultation and General Home and Condominium Repairs.

ARTICLE IV SHARES

The number of shares of stock is: Twelve (12)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Rowland, President and Owner

Address 521 109th Avenue

Unit A

Naples, FL 34108

Name and Title: To Be Determined, Vice President

Address:

Name and Title: To Be Determined, Treasurer

Address

Name and Title: To Be Determined, Secretary

Address:

Name and Title:

Address

Name and Title:

Address:

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 DEC -1 PM 3:40
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Kathy S. McGuire
Address: 803 Reef Point Circle
Naples, FL 34108

ARTICLE VII INCORPORATOR

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

Name: Mark Rowland
Address: 521 109th Avenue, Unit A
Naples, FL 34108

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

Kathy S. McGuire
Required Signature/Registered Agent

11-06-15
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.

Mark Rowland
Required Signature/Incorporator

11/06/15
Date