

01/12/2016

15:55

Delaney Corporate Services

(F) 0518 465 7883

P.001/003

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : DELANEY CORPORATE SERVICES

Account Number : I20140000112

Phone : (800) 717-2810

Fax Number : (518) 465-7883

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

kathleen@delaneycorporate.com

FLORIDA PROFIT/NON PROFIT CORPORATION
At Your Service Home Maintenance & Management Group,

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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: At Your Service Home Maintenance & Management Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
800 NW Peacock Boulevard

Port St. Lucie, FL 34986

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home maintenance, handyman services, painting and any lawful
activity for which corporations may be form under Chapter 607 and/or Chapter 621, F.S.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher LoCascio, President

Address 800 NW Peacock Boulevard
Port St. Lucie, FL 34986

Name and Title: _____

Address: _____

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: Christopher LoCascio
Address: 800 NW Peacock Boulevard
Port St. Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher LoCascio
Address: 800 NW Peacock Boulevard
Port St. Lucie, FL 34986

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

Christopher LoCascio
Required Signature/Registered Agent

1/8/15
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.

Christopher LoCascio
Required Signature/Incorporator

1/8/15
Date