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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/14

COVER LETTER

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

SUBJECT: ALAN'S HANDY 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 ☐ \$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: ALAN S NOEL

Name (Printed or typed)

10544 SKEWLEE RD

Address

THONOTOSASSA, FL 33592

City, State & Zip

813-986-9228

Daytime Telephone number

CONNIE@CCHRP.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 ALAN'S HANDY SERVICES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
10544 SKEWLEE RD
THONOTOSASSA, FL 33592

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAN S NOEL, PRESIDENT

Address: 10544 SKEWLEE RD
THONOTOSASSA, FL 33592

Name and Title: SUSAN G NOEL, VICE PRESIDENT

Address: 10544 SKEWLEE RD.
THONOTOSASSA, FL 33592

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: CONNIE L AUSTIN, CPA
Address: 303 N WARNELL ST.
PLANT CITY, FL 33563

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: CONNIE L AUSTIN, CPA
Address: 303 N WARNELL ST.
PLANT CITY, FL 33563

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/04/2016. (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

Connie L Austin CPA

Required Signature/Registered Agent

04/07/2016

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.

Connie L Austin CPA

Required Signature/Incorporator

04/07/2016

Date