

PIB000080992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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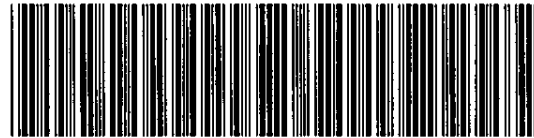
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT -1 6:36
SEC. OF STATE
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M. MOON
OCT - 4 2016

COVER LETTER

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

SUBJECT: Skiba Handyman 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: Grigory Litvinenko

Name (Printed or typed)

130 Clear Lake Cir,

Address

Sanford, Florida 32773

City, State & Zip

407-437-1823

Daytime Telephone number

skibahandyman@gmail.com

E-mail address: (to be used for future annual report notification)

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RECEIVED
TALLAHASSEE
FLORIDA

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: Skiba Handyman Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
130 Clear Lake Cir,
Sanford, FL 32773

Mailing address, if different is:
130 Clear Lake Cir,
Sanford, FL 32773

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000 at \$0.01 par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Grigory Litvinenko, President

Address 130 Clear Lake Cir,
Sanford, FL 32773

Name and Title: Julia Litvinenko, Vice President

Address: 130 Clear Lake Cir,
Sanford, FL 32773

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

REC'D
FILE
16 OCT 4 AM 10:36

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: Julia Litvinenko
Address: 130 Clear Lake Cir,
Sanford, FL 32773

ARTICLE VII INCORPORATOR

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

Name: Grigory Litvinenko
Address: 130 Clear Lake Cir,
Sanford, FL 32773


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2016. (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

 / Julia Litvinenko 09/27/2016
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.

 / Grigory Litvinenko 09/27/2016
Required Signature/Incorporator Date

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SEC
STATE
CLERK