

P17000022840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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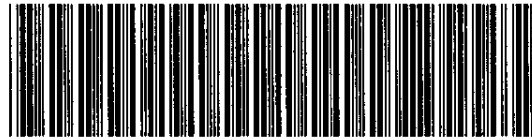
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/13/17--01035--006 **78.75

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17 MAR 13 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/14/17

COVER LETTER

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

SUBJECT: AKDF HANDYMAN 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
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: AKDF HANDYMAN CORP

Name (Printed or typed)

210 SW 51 AVENUE

Address

MIAMI FL 33134

City, State & Zip

(786)853-8420

Daytime Telephone number

FPYSERVICES@COMCAST.NET

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: AKDF HANDYMAN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

210 SW 51 AVENUE

MIAMI FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS PERMITTED IN FLORIDA STATE AND UNITED STATES OF AMERICA

ALL LEGAL BUSINESS PERMITTED IN FLORIDA STATE AND UNITED STATES OF AMERICA

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FELIX CASTRO - PRESIDENT

Name and Title: FELIX CASTRO - SECRETARY

Address: 210 SW 51 AVENUE

Address: 210 SW 51 AVENUE

MIAMI FL 33134

MIAMI FL 33134

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: FELIX CASTRO
Address: 210 SW 51 AVENUE
MIAMI FL 33134

ARTICLE VII INCORPORATOR

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

Name: FELIZ CASTRO
Address: 210 SW 51 AVENUE
MIAMI FL 33134

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TALLAHASSEE, FLORIDA

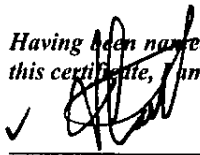
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/02/2017 (OPTIONAL)

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

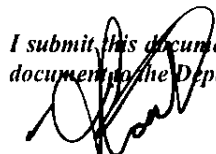
✓ 

Required Signature/Registered Agent

03/02/17

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

03/02/17

Date