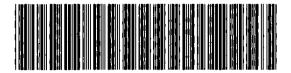
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		

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COVER LETTER

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

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)

TICLE I NAME e name of the corporation shall be:		
TICLE II PRINCIPAL OFFICE Principal street address	•	dress, if different is:
8/09 SW 150 AVENU	<i>E</i>	
116mi, R 33193	, 	
FICLE III PURPOSE purpose for which the corporation is organize	d in	
Handyman Se	ervines	
774-1497147)		
	,	
Name and Title: Luis F. G.	DIRECTORS Araja Name and Title:	
Name and Title: Luis F. G. Address 8/09 Sw /	DIRECTORS President arcia/ Name and Title: SO AVE. Address:	
Name and Title: Luis F. G	SO AVC. Address:	
Name and Title: Luis F. G. Address 8/09 Sw /	SO AVC. Address:	
Name and Title: Luis F. G. Address 8/09 Sw /	SO AVC. Address:	· · · · · · · · · · · · · · · · · · ·
Name and Title: Luis F. G. Address 8/09 Sw / MILLIMIT FO	30 AVC. Address:	
Name and Title: Luis F. G. Address 8/09 Sw / MIGMI, FC. Name and Title: Address	30 AVC. Address:	
Name and Title: Luis F. G. Address 8/09 Sw / MIGMI, FC. Name and Title: Address	SO AVE. Address:	
Name and Title: Luis F. G. Address 8/09 Sw / MIGMI, FC. Name and Title: Address	SO AVE. Address:	
Name and Title: Luis F. G. Address 8/09 Sw / MIGMI, FC. Name and Title: Address	SO AVE. Address:	
Name and Title: Name and Title:	Address:	

Name and Thie.	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box I	NOT acceptable) of the registered agent is:	
Name: Luis F. Gu	rela	
Address: 8/09 Sw	150 Avenue	
Miami, 7	150 Avenue 12 33193	
ARTICLE VII INCORPORATOR		30 ≈
The <u>name and address</u> of the Incorporator is:		
Name: Luis F. G.	greia	ا الله الله الله الله الله الله الله ال
Address: 8109 SW	150 Avenue	
Address: Dismi G	7 - 77 - 77	
1///4/11/ , 1 2	<u>" </u>	<u></u> <u></u>
ARTICLE VIII EFFECTIVE DATE:		**************************************
Effective date, if other than the date of filing:		
(If an effective date is listed, the date must be s filing.)	pecific and cannot be more than five day	s prior or 90 days after the
Note: If the date inserted in this block does not n	neet the applicable statutory filing requirem	ents, this date will not be listed as
the document's effective date on the Department of		,
Having been named as registered agent to accept	t service of process for the above stated co	rporation at the place designated in
this certificate, I am familiar with and accept the		
(4) Lucy Fe Her	حمر	06/29/17
Required Signature/Reg	gistered Agent	Date
I submit this document and affirm that the facts	stated herein are true. I am aware that the	he false information submitted in a
document to the Department of State constitutes a	third degree felony as provided for in s.81	7.155, F.S.
(P) Deni fr of	atru	06/29/17
Required Signature/Incorporator		Date /