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2018 OCT 17 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 18 2018

11:00 AM

COVER LETTER

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

SUBJECT: Coastal 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 ☐ \$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: David A. Johnson

Name (Printed or typed)

15430 SW 260 Street

Address

Homestead, Florida 33032

City, State & Zip

516.926.6560

Daytime Telephone number

coastalhandyman58@gmail.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

The name of the corporation shall be: Coastal Handyman Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15430 SW 260 Street

Homestead, Florida 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To service the needs of people of south Florida in regards to handyman services, construction, demolition, repair and maintenance

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David A. Johnson President

Name and Title: _____

Address: 15430 SW 260 Street

Address: _____

Homestead, Florida 33032

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2018 OCT 17 PM 12:35
CLERK OF COURT
TALLAHASSEE, FLORIDA

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: David A. Johnson _____

Address: 15430 SW 260 Street _____

Homestead, Florida 33032 _____

ARTICLE VII INCORPORATOR

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

Name: David A. Johnson _____

Address: 15430 SW 260 Street _____

Homestead, Florida 33032 _____

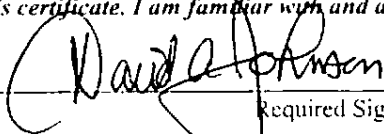
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-7-2018 (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

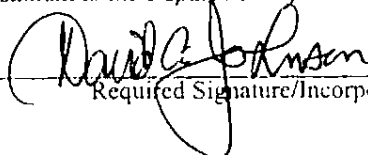


Required Signature/Registered Agent

10-7-18

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

10-7-18

Date