

P19000090659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

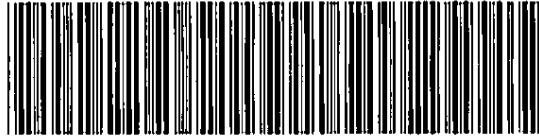
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/11/19--01001--020 **78.75

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DEC 11 2019

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CLERK OF STATE
DIVISION OF CORPORATIONS
19 DEC 11 AM 5:23

COVER LETTER

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

SUBJECT: 3D Handyman Service, 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: Darren Hinson
Name (Printed or typed)
Post Office Box 531
Address
Gretna, Florida 32332
City, State & Zip
850-408-3579
Daytime Telephone number
darren.hinsondh@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: 3D Handyman Service, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

33 Lanier Court, Lot 13

Gretna, Florida 32332

Mailing address, if different is:

Post Office Box 531

Gretna, Florida 32332

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darren Hinson, P

Address: Post Office Box 531
Gretna, Florida 32351

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
19 DEC 11 AM 5:23

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: Darren Hinson

Address: 33 Lanier Court, Lot 13

Gretna, Florida 32332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darren Hinson

Address: Post Office Box 531

Gretna, Florida 32332

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 DEC 11 AM 6:23

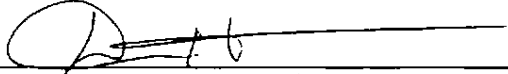
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/6/2019. (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.)

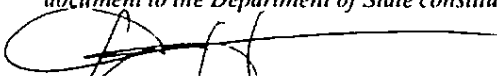
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12-11-2019
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

12-11-2019
Date