

P20000008055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

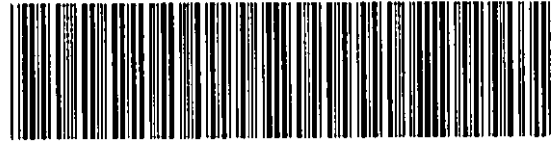
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31 2020

T. SCOTT



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11/15/19--11:17:17 AM

11:17:17 AM  
2020 JAN 31 PM 4:17  
JAN 31 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2019

OSVALDO ALONSO  
6144 SW SABLE AVE  
ARCADIA, FL 34266

SUBJECT: A1 HANDYMAN SERVICES INC  
Ref. Number: W19000102974

We have received your document for A1 HANDYMAN SERVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The tiles listed are for limited liabilities.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 519A00026015

## COVER LETTER

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

SUBJECT: A1 Handyman Services 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: Oswaldo Alonso  
Name (Printed or typed)

6144 S.W. Seale Ave  
Address

Arcadia, FL, 34266  
City, State & Zip

863-244-7860  
Daytime Telephone number

balinalonso99@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: A1 Handyman Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6144 SW Saddle Ave Arcadia FL

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for the corporation is to assist with repairs typically around the home, interior as well as exterior needs

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oswaldo Alonso Director

Address: 6144 SW Saddle Ave  
Arcadia FL, 34266

Name and Title: Aljando Alex Jr. Officer

Address: 6144 SW Saddle Ave  
Arcadia FL, 34266

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 JAN 31 PM 4:17  
CLERK OF DISTRICT COURT  
JAN 31 2020

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: Oswaldo Alonso

Address: 6144 SW Sable Ave

Arcadia, FL, 34266

**ARTICLE VII INCORPORATOR**

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

Name: Alejandra Alonso Jr.

Address: 6144 SW Sable Ave

Arcadia FL, 34266

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1<sup>st</sup> 2020 (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*

Oswaldo Alonso

Required Signature/Registered Agent

12/13/19

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.*

Alejandra Alonso Jr.

Required Signature/Incorporator

12/13/19

Date