

P20000046645

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

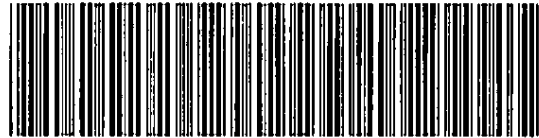
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W20000046645

Office Use Only

JUN 26 2020

T. SCOTT



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2020 JUN 10 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Sanz 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      ☐ \$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: Roberto Sanz  
Name (Printed or typed)

8061 44TH AVE N  
Address

Pinellas Park FL 33781  
City, State & Zip

727-320-4775  
Daytime Telephone number

Sanzroberto1402@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

REJECTED FILING DOC # W20000001485

**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: Sanz Handyman Services Inc.

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8061 44TH STREET N.

Pinellas Park FL 33781

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is: Rendering Professional Services

**ARTICLE IV. SHARES**

The number of shares of stock is: 1

**ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Roberto Sanz

Name and Title: President

Address 8061 44th AVE N  
Pinellas Park  
FL 33781

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Address \_\_\_\_\_  
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\_\_\_\_\_

Address: \_\_\_\_\_  
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FILED  
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SECRETARY OF STATE  
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: Roberto Sanz  
Address: 8061 44TH STREET N  
Pinellas Park FL 33781

**ARTICLE VII INCORPORATOR**

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

Name: Roberto Sanz  
Address: 8061 44TH STREET N  
Pinellas Park FL 33781

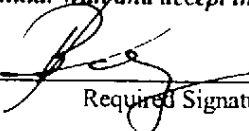
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

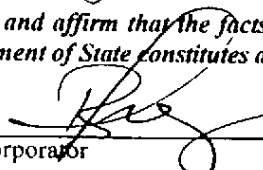
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

05-18-2020  
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

05-18-2020  
Date