Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number : I20200000064 Phone : (786)273-7055 Fax Number : (111)111-1111

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Handful Investments Inc

Certificate of Status	. 0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Help

JUL 2 1 2013

To:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpo	·			
	NCIPAL OFFICE Principal street address St Suite 104 144	Mailing address, if different is:		
TICLE III PUR	POSE hithe corporation is organized is: any and a	all lawful business		
			· · · · · · · · · · · · · · · · · · ·	
	of stock is:	Nome and Title	0.4 * * * 10.0	
number of shares	of stock is:		· · · · · · · · · · · · · · · · · · ·	
e number of shares  TICLE V INIT  Name and T  Address	of stock is:	Address:  Name and Title:		

N ARMAS-OCEJO Fa	c: 12058811104 Ta:	Fax: (850) 617-6381	Page: 4 of 4	07/23/2020 11:32 AM	
Name a	nd Title:	Name and Title:	<u></u>		
Address		Address:	Address:		
			·		
	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	able) of the registered agent	is:		
Name:	Bookkeeping Done Right Inc				
Address:	4700 NW 7th Street Suite 10				
	Miami, FL 33126			20 ·	
ARTICLE VII	INCORPORATOR				
The name and a	ddress of the incorporator is:				
Name:	Bookkeeping Done Right Inc	<u></u>		'n	
Address:	4700 NW 7th Street Suite 10		•	47	
	<u>Mi</u> ami, FL 33126				
Effective date, i (If an effective filing.)  Note: If the dat	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requ	days prior or 90		
	med as registered agent to accept service of pro familiar with and accept the appointment as r				
Aylen M	Armas-Ocejo		07/	23/2020	
	Required Signature/Registered Age	nt		Date	
	cument and affirm that the facts stated here Department of State constitutes a third degree			ation submitted in	
	Armas-Ocejo		07.	/23/2020	
Required Signat	ure/Incorporator	*** **********************************	Date		