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COVER LETTER

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

SUBJECT: Chris Landscaping & Handy Man Services Inc. (PROPOSED CORPORATE NAME - SIUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$\sqrt{2}\\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
froм: <u>С</u>	hristopher Ogil	V) C	
	081 N.E 56 th Str		
Fo	ort Lauderdale, Fl	Orida 3 3334 State & Zip	
[7	54- 423-2806 Daytime		

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)

The name of the corporat	ion shall be: Chris Landscap	oing & Handy 1	Man Services Inc.
ARTICLE II PRINC	Principal <u>street</u> address STREET	9	dailing address, if different is:
Fort Lauderda	ile, Florida 33334		
ARTICLE III PURPO The purpose for which the	$\frac{0.5E}{\text{percorporation is organized is:}} \frac{1}{\text{Pro}}$	vide landsc	aping services and
	services to the gen		· J
		` 	
	-		<u></u>
			· · · · · · · · · · · · · · · · · · ·
			.
ARTICLE IV SHARI	ES a		Ch
The number of shares of s	stock is:		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS	<u>S</u>	
Name and Title	Christopher Ogilvi	E Name and Title:	<u> </u>
Address	1681 N.E. 56th Street	Address:	
	Apartment #3	 -	
	Fort Lauderdale, F1 3. Director	3334	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address			

	and Title:	Name and Title:	
Addre	\$88	Address:	
			
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	Christopher Ogily	ie	
Address:	1681 NE 56th Street		
	Fort Lauderdale, Flo		
ARTICLE VII	_INCORPORATOR		
	address of the Incorporator is:		
Name:	Christopher Ogilvi	<u>e</u>	
Address:	1681 NE 54th Street		
	Fort Lauderdale, T	lorida 33334	
	·		
Effective date,	if other than the date of filing: March	1 1, 2021 (OPTIC	NAL)
filing.)	date is listed, the date must be specific	and cannot be more than five d	lays prior or 90 days after the
	te inserted in this block does not meet the effective date on the Department of State		ements, this date will not be fisted a
	oriceare date on the ise at their or istan		
the document's Having been no	med as registered agent to accept service of	of process for the above stated corp	
the document's Having been na certificate, I am	med as registered agent to accept service of familiar with and accept the appointmen	of process for the above stated corp t as registered agent and agree to	act in this capacity
the document's Having been na certificate, I am	med as registered agent to accept service of familiar with and accept the appointmen	of process for the above stated corp t as registered agent and agree to	
the document's Having been na certificate. I am	amed as registered agent to accept service of familiar with and accept the appointment of the Cylle Required Signature/Registered	of process for the above stated corp t as registered agent and agree to a	oct in this capacity O2 1 2 21 Date
Having been na certificate. I am I submit this do document to the	med as registered agent to accept service of familiar with and accept the appointmen	of process for the above stated corp t as registered agent and agree to Agent herein are true. I am aware that	act in this capacity $ \frac{(2) + 2}{2!} $ The false information submitted in