

P21000074000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

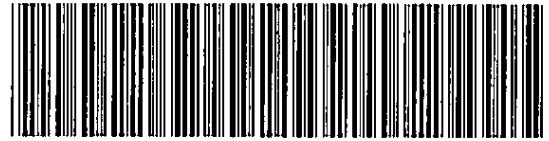
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/15/21

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2021 JUL 12 AM 1:21
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: MACKER D'S HANDYMAN CORPORATION
(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: Reid McCall Norris
Name (Printed or typed)

7160 N. Pearl Point
Address

Hernando FL 34442
City, State & Zip

352 422 6960
Daytime Telephone number

fnorris154@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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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: MACKER D'S HANDYMAN CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
7160 N. Pearl Point

Mailing address, if different is:

Hernando FL 34442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: operate as a handyman business.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reid Norris, CEO Name and Title: _____

Address 7160 N. Pearl Point Address: _____
Hernando FL 34442

Name and Title: Reid Norris, Treasurer Name and Title: _____

Address 7160 N. Pearl Point Address: _____
Hernando FL 34442

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL

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: Reid Norris

Address: 7160 N. Pearl Point
Hernando FL 34442

ARTICLE VII INCORPORATOR

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

Name: Reid Norris

Address: 7160 N. Pearl Point
Hernando FL 34442

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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

[Signature]
Required Signature/Registered Agent

08/09/2021
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.

[Signature]
Required Signature/Incorporator

08/09/2021
Date