

P220000015403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

(Business Entity Name)

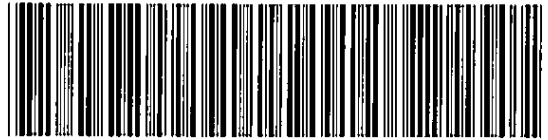
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Certified Copies _____

Certificates of Status _____

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CLERK OF STATE
TAMPA, FL

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2022 MAR -1 PM 12:55
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TAMPA, FL

COVER LETTER

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

SUBJECT: Gary Handyman Service 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: Gary McCrean
Name (Printed or typed)

365 E. BARK Drive
Address

Tallahassee FL 32305
City, State & Zip

850-524-2326
Daytime Telephone number

Gary.Red1968@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: Gary M. Handyman Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

365 E BARK Drive
Tallahassee FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

working on homes and cars and apartments
as need from people calling in for help.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary McCreedy P Name and Title: _____

Address: 365 E Bark Drive Address: _____

Tallahassee FL
32305

Name and Title: Violet Griffin VP Name and Title: _____

Address: 365 E BARK Drive Address: _____

Tallahassee FL 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
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: Violet Griffin
Address: 365 E. Bark Drive
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

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

Name: Gary McCrone
Address: 365 E. Bark Drive
Tallahassee FL 32305

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:

Gary McCrone 3-1-2022
Required Signature/Registered Agent 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] 3-1-2022

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TALLAHASSEE, FL
DEPARTMENT OF STATE