

P22000177473 ABCD

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Handy Luis services Inc

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

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MAY 19 2022

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Handy Luis Services Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6933 NW 8th Street6933 NW 8th StreetMARGATE, FL 33063MARGATE, FL 33063**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: handyman repair services**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Luis Miguel Leon Reynoso, Director

Name and Title: _____

Address 6933 NW 8th Street

Address: _____

MARGATE, FL 33063

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Luis Miguel Leon Reynoso
Address: 6933 NW 8th Street
Margate, FLORIDA 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHAN MONEREAU
Address: 100 WALL STREET STE 503
NEW YORK, NEW YORK 10005

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 5/18/22
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 5/18/2022
Date