## P22000074827

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	6/24/22	

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Office Use Only



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filed 1/19/2, into of name release letto.

WCCC00/08128

- Division of Corporations-Lotter of Intent-Lotter of Joshus Hids Do Not Intend on Prinstation Handy Hicks LLI Do current Number: L1900009,04448

- Joshua Hicks

## FLORIDA PROFIT BENEFIT CORPORATION **COVER LETTER**

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

Handy	Hicks Corp.		
SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles 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 o Status
		ADDITIONAL CO	•
FROM:		ne (Printed or typed)	
54.	55 S. Suncoast Blvd, Suite #52		
He	omosassa, FL 34446	Address	
<del></del>	City	y, State & Zip	
35	2-436-3105		
_	Daytime	Telephone number	
har	ndyhicksllc@gmail.com		
<del></del>	E-mail address: (to be us	ed for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAM The name of the benef	<u>Handy Hicks Corp.</u> it corporation shall be:		
ARTICLE II PRIN 5455 S. Suncoast Bly Homosassa, FL 3444			Mailing address, if different is:
The corporation elects The purpose for which To promote life skills	FIT STATEMENT AND BUSINESS PUR s to be a benefit corporation in accordance in the corporation is organized is to create a activities and job learnings for Citrus Cou with minor home repairs, and to drive em	with s. 607,603, F.S. a general public bene anty youth, including	fit and: "on the job" experience, to assist low-inc
order.			
follows (optional):	pecific public benefit(s) to be created by the ing: (A) Skills Building Class Inc., a 501(		
old local youth for life	e skills activities and skilled learning (B)	The Citrus Antipovert	y Youth Program (a 6 month program)
for graduates (13-17 y	years old) of the Skills Building Class to le	arn "on the job" expe	rience soft skills and communication
skills while volunteeri	ing to assist low-income families with min	or home repairs.	
ARTICLE IV SHALE  The number of shares of the shares of the shares of the share of		T DIPLECTOR AND	PENEELT OFFICER CC 1- P. III
	Joshua Hicks, President, Secretary & T		
	5455 S. Suncoast Blvd, Suite #52	Address:	4664 S. Quiet Terrace
	Homosassa, FL 34446		Homosassa, FL 34446
Name and Title	e:	<del></del> -	
Address			SEP 19 PM 7: 10 ALLIAN DE SIAN AHASSE FELOPID
			Gr. 19

· Name :	and Title:	Name and Ti	tle:
Addre	ss	Address:	
		<del></del>	
If appl	icable, BENEFIT DIRECTOR:	If applicable,	BENEFIT OFFICER:
Name:	Joshua Hicks	Name:	Lenny Indelicato
Addre	5455 S. Suncoast Blvd. Suite #52	Address:	3730 S. Springbreeze Way
	Homosassa, FL 34446		Homosassa, FL 34448
	REGISTERED AGENT		
The <u>name and</u> Name:	Florida street address (P.O. Box NOT acceptal Joshua Hicks	ble) of the registered a	
Address:	5455 S. Suncoast Blvd. Suite #52		2022 ; XI. I
	Homosassa, FL 34446		2022 SEP 19 PM 7: 20
ARTI <u>CLE VII</u>	<u>INCORPORATOR</u>		ASSE SELECTION OF THE PROPERTY
	address of the Incorporator is:		<u> </u>
Name:	Joshua Hicks		7: 2 ( net
	5455 S. Suncoast Blvd, Suite #52	<del></del>	
Address:	Homosassa, FL 34446	<del></del>	
<u>ARTICLE VII</u>	I ADDITIONAL QUALIFICATIONS OF B	ENEFIT DIRECTO	PR, IF ANY:
25 years relate	d experience. 2021 Recipient of Citrus County	Chamber of Comme	erce Pillar Award for community servi
2022 Winner o	of Citrus County Chronicle Readers Choice Aw	ard "Best of the Best	t for Community Volunteer."
Chamber of C	ommerce member, United Way member, Work	and personal time de	edicated to the Citrus County commu
Having been n	amed as registered agent to accept service of pro n familiar with and accept the appointment as re	ocess for the above sto egistered agent and a	nted corporation at the place designate agree to act in this capacity
			6/21/202
	Required Signature/Registered Ager	nt	Date
	ocument and affirm that the facts stated herei a Department of State constitutes a third degree		
Required Sight	hurc/ficorporator	6/21/2027 Date	<del></del>
7 1 / 4 .		, (	