

2/3/23, 9:58 AM

Division of Corporations

p2 3000009171

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FLORIDA PROFIT/NON PROFIT CORPORATION HANDYMAN SOLUTION SERVICES CORP

Certificate of Status	0
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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: HANDYMAN SOLUTION SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1095 WEST 77 STREET HIALEAH, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDRES HIRAM GARCIA GALERA (P)

Name and Title: _____

Address 1095 WEST 77 STREET
HIALEAH, FL 33014

Address: _____

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: ANDRES HIRAM GARCIA GALERA
 Address: 1095 WEST 77 STREET
HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

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

Name: ANDRES HIRAM GARCIA GALERA
 Address: 1095 WEST 77 STREET
HIALEAH, FL 33014


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



 Andres Garcia (Pub L. 2402) (L-49 (37)) 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.



 Andres Garcia (Pub L. 2402) (L-49 (37)) Required Signature/Incorporator Date