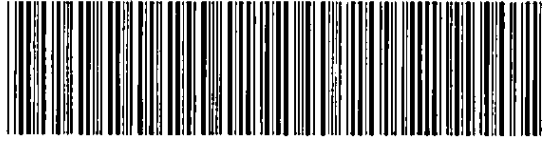


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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Additional Instructions to Filing Officer:

Office Use Only

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:

Johnny Handy Man Concerts LLC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1630 Belkin Rd Lot 40
Tallahassee Fla. 32305

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Handy Man Concerts

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Johnny Beck

Address

1630 Belkin Rd.
Lot 40
President

Name and Title:

Codym Beck

Address:

1630 Belkin Rd Lot 40
Tallahassee
Vice P.

Name and Title:

Name and Title:

Address

Address:

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: Sherry Banks

Address: 11230 Belkirk Rd. Lot 80
Tallahassee Fla. 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherry Banks

Address: 11230 Belkirk Rd. Lot 80
Tallahassee Fla. 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

Sherry Banks
Required Signature/Registered Agent

4-11-2023
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.

Sherry Banks
Required Signature/Incorporator

4-11-2023
Date

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TALLAHASSEE, FL

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