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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GAEL SERVICES CORP
Account Number : I20230000060
Phone : (305)903-7797
Fax Number : (786)615-3110

2024 JAN 12 PM 12:29

RECEIVED
JAN 12 2024

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: crigonzaeze@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
LONKO HANDYMAN INC**

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

Electronic Filing Menu

Corporate Filing Menu

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2024 JAN 12 PM 10:23

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: Lonko handyman Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
14815 SW 46th Ln

Mailing address, if different is:

Miami FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cristian Gonzalez P Name and Title: _____

Address: 14815 SW 46th LN Address: _____
Miami FL 33185

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2024 JUN 12 AM 10:23

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: Cristian Gonzalez

Address: 14815 SW 46th LN
Miami FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cristian Gonzalez

Address: 14815 SW 46th LN
Miami FL 33185

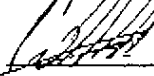
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/05/2024 (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.

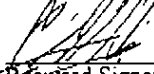
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

01/05/2024
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

01/05/2024
Date

2024 JAN 12 1:10:23