

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet for the tax identification number (shown below) on the top and bottom of all pages of the document.

(((H24000387368 3)))



H240003873683ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## To:

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

## From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**HANDYCOON REPAIRS SERVICE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 NOV 21 PM 3:45

FILED

2024 NOV 21 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLSTATE  
OFFICE

Electronic Filing Menu

Corporate Filing Menu

Help

MS

P

## ***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:

***Handycoon Repairs Service Inc***

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

***645 FLAGER CROSSING DR, APT 2215, SAINT AUGUSTINE, FL 32084***

**Mailing Address: 645 FLAGER CROSSING DR, APT 2215, SAINT AUGUSTINE, FL 32084**

### **ARTICLE III PURPOSE**

The purpose(s) for which this corporation is organized is(are) to engage in any activity within the purposes for which corporations may be organized under Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE IV SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

***200 No Par Value***

### **ARTICLE V INITIAL DIRECTORS/OFFICERS AND STREET ADDRESS**

The name and address of the initial directors/officers is:

***PAVLO HRABOVSKYI, - President, 645 FLAGER CROSSING DR, APT 2215, SAINT AUGUSTINE, FL 32084***

### **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

***PAVLO HRABOVSKYI, - 645 FLAGER CROSSING DR, APT 2215, SAINT AUGUSTINE, FL 32084***

### **ARTICLE VII INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

***PAVLO HRABOVSKYI, - 645 FLAGER CROSSING DR, APT 2215, SAINT AUGUSTINE, FL 32084***

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

November 21, 2024

2024 NOV 21 PM 4:17  
STATE  
FL

RECEIVED

s/ PAVLO HRABOVSKYI  
PAVLO HRABOVSKYI  
*Registered Agent*

s/ PAVLO HRABOVSKYI  
PAVLO HRABOVSKYI  
*Incorporator / President*

2024 NOV 21 PM 4:17  
STATE  
FL