

L14000178469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

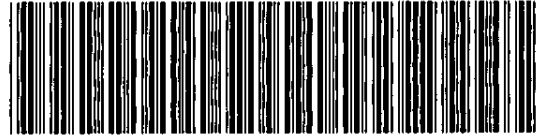
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700265724647

11/19/14--01001--003 \*\*125.00

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2014 NOV 18 PM 2:06

RECEIVED  
OFFICE OF STATE  
CORPORATION

14 NOV 18 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J 3 M Handyman LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Jacob Jones  
Name of Person

\_\_\_\_\_  
Firm/Company

10059 S. Salt Rd  
Address

Lamont, FL 32336  
City/State and Zip Code

joshuajones257@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Jones at ( 850 ) 694-9924  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

14 NOV 18 PM 2:09  
RECEIVED  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J.M. Hundymen LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10059 S. Salt Rd.  
Lamont, FL 32336

Mailing Address:

10059 S. Salt Rd  
Lamont, FL 32336

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joshua Jones

Name

10054 S. Salt Rd

Florida street address (P.O. Box NOT acceptable)

Lamont

FL

32336

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Joshua Jones

Joshua Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 18 PM 2:09

APPROVED  
AND  
FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

AMBR

Joseph Masley

19959 S. Salt Rd.  
Lamont, FL 32336

\_\_\_\_\_

\_\_\_\_\_

AMBR

Joshua Jones

19959 S. Salt Rd  
Lamont, FL 32336

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** 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 business days prior to or 90 days after the date of filing.)

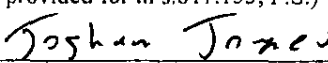
**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

 \_\_\_\_\_

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

 \_\_\_\_\_

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 18 PM 2:09

APPROVED  
AND  
FILED