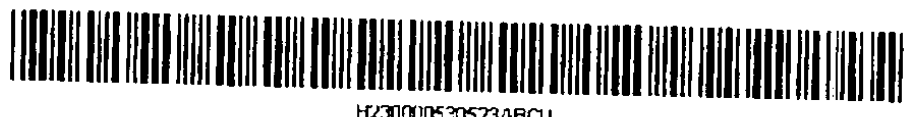


# L23000061957

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000053052 3)))



H230000530523ABCU

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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 LIMITED LIABILITY CO.  
HANDYMAN AVAILABLE ORANGEL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

68 FEB 11 2025

2025 FEB -9 PM 2:57  
TALLAHASSEE, FLORIDA

W23000018213

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HANDYMAN AVAILABLE ORANGEL, LLC

(Must contain 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:

Mailing Address:

1628 CLEVELAND ST

1628 CLEVELAND ST

HOLLYWOOD, FL 33020

HOLLYWOOD, FL 33020

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.)

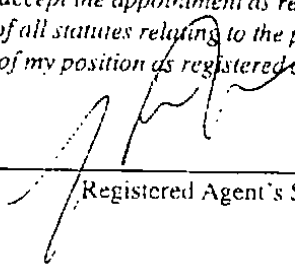
The name and the Florida street address of the registered agent are:

ORANGEL VILLARREAL R  
Name

1628 CLEVELAND ST  
Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD      FL      33020  
City                      State                      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 505, F.S..*

X   
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ORANGEL VILLARREAL R.

1628 CLEVELAND ST

HOLLYWOOD, FL 33020

MGR

DUILLIAN FAYS U.

1628 CLEVELAND ST

HOLLYWOOD, FL 33020

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/08/2023 (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.)

**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.

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

ANY AND ALL LAWFUL BUSINESS

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DUILLIAN FAYS U.

Typed or printed name of signee

FILED  
TALLAHASSEE  
FLORIDA  
DEPARTMENT OF STATE

2023 FEB -9 PM 9:57

FILED