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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB -4 AM 10:51

T. HAMPTON

FEB - 5 2009

EXAMINER

h245-8071

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Little Helping Hand  
(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:

Virginia Brown  
(Name of Person)

(Firm/Company)

P.O. Box 898  
(Address)

Quitman, Georgia 31643  
(City/State and Zip Code)

For further information concerning this matter, please call:

Virginia Brown at 229 292 2920 2921  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JAN 14 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 30, 2008

VIRGINIA BROWN  
P O BOX 898  
QUITMAN, GA 31643

SUBJECT: A LITTLE HELPING HAND, LLC  
Ref. Number: W08000057034

We have received your document for A LITTLE HELPING HAND, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 108A00061909



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 FEB -4 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 15, 2009

VIRGINIA BROWN  
P O BOX 898  
QUITMAN, GA 31643

SUBJECT: A LITTLE HELPING HAND, LLC  
Ref. Number: W08000057034

We have received your document for A LITTLE HELPING HAND, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 29, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 309A00001582

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

A Little Helping Hand, 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:

7521 Waukeelah Highway  
Monticello, FL 32344

#### Mailing Address:

P.O. Box 898  
Quitman, GA 31643

### 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:

Virginia Brown  
Name

7521 Waukeelah Highway  
Florida street address (P.O. Box **NOT** acceptable)  
Monticello, FL 32344  
City, State, and 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 608, F.S..*

Virginia Brown  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Virginia Brown

P.O. Box 898

Quitman, Georgia 31643

MGR

Tara A. J. had

2317 Killarney Way

Tallahassee, Florida 32308

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Dec 17, 2008 (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.)

**REQUIRED SIGNATURE:**

Tara A. J. had

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tara A. J. had

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)