

L03000051277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

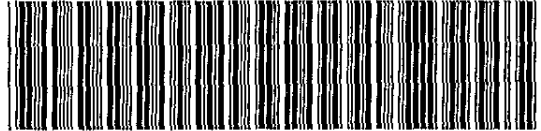
Certificates of Status 1

Special Instructions to Filing Officer:

12/8 FL LC

CC + CVS

Office Use Only



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12/03/03--01015--010 \*\*160.00

03 DEC -2 PM 3:30  
TALLAHASSEE, FLORIDA

FILED

Registration Section  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL. 32314  
850-245-6051

Nov. 25, 2003

Good Day,

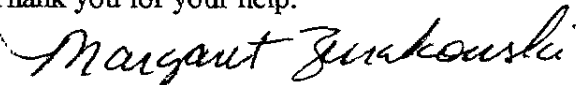
Attached are the Transmittal Letter and  
Articles of Organization for Florida Limited Liability Company.

Also enclosed is a check for the fees included:

\$100 Filing fees  
\$25 Registered Agent Designation  
\$30 Certified Copy  
\$5 Certificate of Status  
Total \$ 160.00 check # 2685

If you have any questions, please call me at 407-521-6468  
Or cell # 407-256-0515.

Thank you for your help.

  
Margaret Zurakowski  
Ocoee Handyman Service  
PO Box 997  
108 Olympus Dr.  
Ocoee, FL 34761

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCOEE HANDYMAN SERVICE 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:

MARGARET ZURAKOWSKI  
(Name of Person)

OCOEE HANDYMAN SERVICE LLC  
(Firm/Company)

P.O. Box 997  
(Address)

OCOEE FL 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

Margaret Zurakowski at (407) 521-6468  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OCOEE HANDYMAN SERVICE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

108 OLYMPUS DR  
OCOEE FL  
34761

**Mailing Address:**

P.O. Box 997  
OCOEE FL  
34761

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

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

MARGARET ZURAKOWSKI  
Name

108 OLYMPUS DR  
Florida street address (P.O. Box **NOT** acceptable)

OCOEE FLORIDA 34761  
City, State, and Zip

FILED  
03 DEC -2 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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, Florida Statutes..*

Margaret Zurkowski  
Registered Agent's Signature

**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:**

MGR

PAUL ZURAKOWSKI  
108 OLYMPUS DR  
OCFEE FL 34761

MGR

MARGARET ZURAKOWSKI  
108 OLYMPUS DR.  
OCFEE FL 34761

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Margaret Zurakowski  
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.)

MARGARET ZURAKOWSKI  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)