

L04000028468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

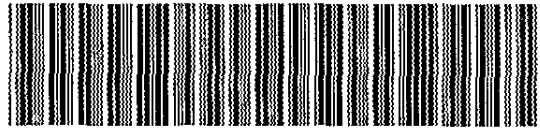
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400031809794

04/07/04--01011--009 **125.00

FILED

04 APR -7 AM 10:30

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Handy Man Reed, L.L.C.
(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:

J. Reed Allison
(Name of Person)

Handy Man Reed, L.L.C.
(Firm/Company)

3035 Florida Blvd.
(Address)

Palm Beach Gardens, Florida 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

J. Reed Allison at (561) 622-3510
(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

STANDARD
MAIL
TALLAHASSEE, FLORIDA

04 APR -7 AM 10:30

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Handy Man Reed, LLC.

ARTICLE II - Address:

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

Principal Office Address:

Same as mailing
address →

Mailing Address:

3035 Florida Blvd.
Palm Beach Gardens,
Florida 33410

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

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

J. Reed Allison
Name

3035 Fla. Blvd
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL Florida 33410
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.

J. R. Allison
Registered Agent's Signature

(CONTINUED)

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

J. Reed ALLISON
3635 Florida Blvd
Palm Beach Gardens, Florida
33410

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

J. R. ALLISON

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)

FILED
ALACHUA COUNTY
FLORIDA

04 APR -7 AM 10:30