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DIVISION OF REGISTRATION

04 JUN 11 09:12

04 JUN 11 AM 10:20

FLORIDA STATE
JUL 11 2004

J. BRYAN JUN 11 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masonry and Handyman Services 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:

Deitrick C. Pflomm
(Name of Person)

Masonry and Handyman Services L.L.C.
(Firm/Company)

6227 Bethany Dr.
(Address)

Crestview, Florida 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

Deitrick C. Pflomm at (850) 865-1923
(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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
04 JUN 11 AM 10:20

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

FILED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
04 JUN 11 AM 10:20

ARTICLE I - Name:

The name of the Limited Liability Company is:

Masonry and Handyman Services L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

6227 Bethany Dr.

Crestview, Fl. 32539

Mailing Address:

Same

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

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

Deitrick C. Pflomm

Name

6227 Bethany Dr.

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

Crestview

FLORIDA 32539

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, Florida Statutes..



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:

MGRM

Deitrick C. Pflomm

6227 Bethany Dr.

Crestview, Florida 32539

(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.)

Deitrick C. Pflomm

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN 11 AM 10:20