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(Reque	estor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
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Special Instructions to Fili	ing Officer:	48





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: CHRIS, THE HANDY GUY, LLC (Name of Limited Liability Company)		
(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:		
CHRISTOPHER BRYAN PEARY (Name of Person)		
CHRIS, THE HANDY GUY, LLC (Firm/Company)		
1405 S. JEFFERSON SV.		
MONTICELLO, FL 32344 (City/State and Zip Code)		
For further information concerning this matter, please call:		
CHRIS PEARY (Name of Person) at (850) 997-4340 (Area Code & Daytime Telephone Number)	10r 70r	SECRE TALLA!
	161	73-
Enclosed is a check for the following amount:	:: F1	'≅C
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	₩.	STATE
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CHRIS, THE HANDY GUY,	LLC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MONTICELLO, FL 32344	1405 S. JEFFERSON ST. MONTICELLO, FL 32344
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered CHRISTOPHER BRYAN Name 1405 S. JEFFERSON Florida street address (P.O. Box NO MONTICELLO FL City, State, and Zip	ST. OT acceptable)
Having been named as registered agent and to accept se liability company at the place designated in this certificating registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agent Registered Agent's Signature.	the, I hereby accept the appointment as the her agree to comply with the provisions of all the provisions of all the provisions of all the provisions of all the provided for in Chapter 608, F.S

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	CHRISTOPHER BRYAN PEARY
	1405 S. JEFFERSON ST. MONTICELLO, FL 32344

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

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

(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.)

CHRISTOPHER BRYAN FEAR

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)