

L04000053574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

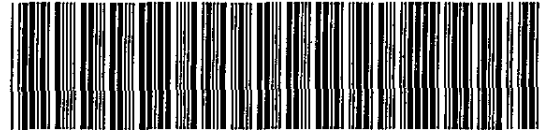
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Joel Bayd GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT by adding LLC suffix  
DATE 7/20 @ 10:43 AM  
DOC. EXAM [Signature]



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2004 JUL 19 PM 1:22  
DEPT OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 20 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Boyd's Handy Hands 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:

Joel B. Boyd  
(Name of Person)

"Boyd's Handy Hands"  
(Firm/Company)

13105 Leisurewood Pl #A  
(Address)

Tampa FL 33612  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Boyd at (813) 431-3183  
(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

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2004 JUL 19 PM 1:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 JUL 19 PM 1:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

"Boyd's Handy Hands" LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13105 Leisurewood PL #A  
Tampa Florida  
33612

**Mailing Address:**

13105 Leisurewood PL #A  
Tampa Florida  
33612

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

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

Joel B. Boyd  
Name

13105 Leisurewood PL #A  
Florida street address (P.O. Box **NOT** acceptable)

Tampa FLORIDA 33612  
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..*

Joel B. Boyd  
Registered Agent's Signature

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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

"MGRM"

**Name and Address:**

Joel B. Boyd

13105 Leisurewood PL #A

Tampa FLA.

33612

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Joel B. Boyd

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.)

JOEL B. BOYD

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) ✓