

04 AUG -5 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Handyman Solutions 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:

Michael Combes  
(Name of Person)

Handyman Solutions  
(Firm/Company)

1459 Sanibel Lane  
(Address)

Gulf Breeze Fl. 32563  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Combes at (850) 529-0075  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
04 AUG -5 PM 3:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

Handyman Solutions LLC

**ARTICLE II - Address:**

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

Principal Office Address:

c/o Michael Combes  
1459 Sanibel Lane  
Gulf Breeze FL 32563

Mailing Address:

c/o Michael Combes  
1459 Sanibel Lane  
Gulf Breeze FL 32563

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Michael Combes  
Name

1459 Sanibel Lane  
Florida street address (P.O. Box NOT acceptable)

Gulf Breeze FLORIDA 32563  
City, State, and Zip

FILED  
01 AUG -5 PM 3:44  
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..*

Michael Combes  
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

Michael Combes  
1459 Sanibel Lane  
Gulf Breeze FL 32563

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Michael Combes

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.)

Michael Combes

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  
04 AUG -5 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA