## L04000062892

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SECHETARY OF STATE TALLAHASSEE. FLORIDA

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W4-62892

## TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Quiddit Handyman Service (Name of Limited Liability gompany)	_C.		-
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Douglas J. Paulsen (Name of Person)	• • • •		
(Firm/Company)	- · ·		٠.
95 4th Avenue (Address)	<b>.</b>		
Shalimar, FL 32579 (City/State and Zip Code)	SECRETARY C	14 AUS 23 P	
For further information concerning this matter, please call:	F STATE FLORID	PM 2: 20	<u> </u>
Laurie M Wyble at (850) 259-4468 (Name of Person) (Area Code & Daytime Telephone Number)	<b>Þ</b> '''	0	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO: Registration Section

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:

Quiddit Handyman Service L.C.
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
95 4th Avenue Same Shalimar FL 32579
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Douglas J Paulsen
95 4th Avenue Florida street address (P.O. Box NOT acceptable)
Shalimar FL 32579 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 activity 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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S., Registered Agent's Signature

(CONTINUED)

The name and address of each Mana	ger or Managing Member is as follows:			-
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	Douglas J. Paulsen 95 4th Avenue Shalimar, PL 52579			<b>5</b> %
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(Use attachment if necessary)			Bo Z spine	
NOTE: An additional article must	be added if an effective date is requested.			
REQUIRED SIGNATURE:		TALLO ALE	OH AUG	 <sub>;</sub>
(In accordance with	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	ARY OF STATE	23 PH 2: 2	

Filing Fees:

S Hulsen Typed or printed name of signee

\$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)