

104000067687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

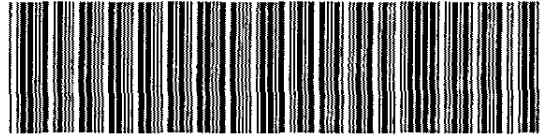
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900040672619

09/17/04--01001--013 \*\*155.00

FILED  
04 SEP 17 AM 8:56  
RECEIVED  
04 SEP 17 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

104-67687  
QR

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B & J Handyman Services 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:

Timothy A. Williams  
(Name of Person)

B & J Handyman Services  
(Firm/Company)

4122 Cornish DR.  
(Address)

TALL. FLA. 32303  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 17 AM 8:56

FILED

For further information concerning this matter, please call:

Beth Williams at ( 850 ) 562-4123  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

B+T Handyman Services LLC

### ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4122 Cornish Dr.

4122 Cornish Dr.

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

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

Timothy C. Wallman  
Name

4122 Cornish Dr.  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303  
City, State, and Zip

FILED  
04 SEP 17 AM 8:56  
SECRETARY OF STATE  
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, F.S..*

Timothy C. Wallman  
Registered Agent's Signature

(CONTINUED)

**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:**

Timothy MGRM

Timothy Williams  
4122 Corvish Dr.  
Tall. Fla. 32508

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Timothy A. Williams  
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.)

Timothy A. Williams  
Typed or printed name of signer

**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 SEP 17 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA