

04 Nov 2004

A1A CORPORATE SERVICES

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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC  
Account Number : T20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**Bob's Handyman Service Ltd. Co.**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Bob's Handyman Service Ltd. Co.

ARTICLE II ADDRESS

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

11915 NW 25th Dr

Gainesville, FL 32609

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE

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

Robert W. Reper

11915 NW 25th Dr

Gainesville, FL 32609

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent 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..

  
ROBERT W. REPER / Registered Agent's Signature :ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Member Managed Company.

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ARTICLE V MEMBERS (optional)

Managing Member:  
Robert W. Reper  
11915 NW 25th Dr  
Gainesville Florida 32609



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.

ROBERT W. REPER  
Typed or printed name of signee

SECRETARY OF  
TALLAHASSEE, FLORIDA

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