# 105000022580

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 23, 2005

LESLIE WAYNE FISHER 3840 AFTON CIRCLE SARASOTA, FL 34233

SUBJECT: LESLIE WAYNE FISHER HANDYMAN SERVICES

Ref. Number: W05000009488

We have received your document for LESLIE WAYNE FISHER HANDYMAN SERVICES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 305A00012814

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### TRANSMITTAL LETTER

ation Section on of Corporations		4	
LESLIE WAYNE	FISHER HANDYN	MAN SERVICES	
(Name of Lim	ited Liability Company)		
ticles of Organization and fee(s) are	e submitted for filing.		
· · · · · · · · · · · · · · · · · · ·			
LESLIE WA	(Name of Person)		
ESCIE WAYNE FISHE		servi ces	
3840 Sara	-	<i>5</i>	
	·		
SARA (Ci	SOTH, FI. 341.33 y/State and Zip Code)		
nation concerning this matter, pleas	e call:		
layne fisher	at 941 180	-0110	
(Name of Person)	(Area Code & Daytime To	elephone Number)	
eck for the following amount:			
STREET ADDRESS: Registration Section	MAILING AI Registration S		
	Correspondence concerning this matter, pleas  LESLIE WAYNE FISHER  (Name of Person)  MAYNE FISHER  (Name of Person)  Mayne Fisher  (Name of Person)  Mayne Fisher  (Name of Person)	City/State and Zip Code)  Correspondence concerning this matter. please call:  SARASOTA FI 342.33  (City/State and Zip Code)  Mayne Fisher at (941)  (Name of Person)  Apple Fisher at (941)  (Name of Person)  Apple Fisher at (941)  (Name of Person)  Apple Fisher at (941)  (Name of Person)  (Name of Person)  (Name of Person)  (City/State and Zip Code)  (Name of Person)  (Area Code & Daytime Tellowing amount:  (Recompany)  (Recompany)  (Area Code & Certificate of Status  (Certificate of Status  (Certificate Copy (additional copy is enclosed)	I E SLIE WAYNE FISHER HANDYMAN SERVICES  (Name of Limited Liability Company)  rticles of Organization and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  LESLIE WAYNE FISHER HANDYMAN SERVICES  (Firm/Company)  3840 AFTON CIRCLE  SARASOTA FI. 34233  (Address)  ALASOTA FI. 34233  (City/State and Zip Code)  mattion concerning this matter, please call:  JAYNE FISHER at (941 180 -010 0)  (Name of Person)  at (941 180 -010 0)  (Area Code & Daytime Telephone Number)  meck for the following amount:  g Fee S130.00 Filing Fee & Certificate of Status & Certificate Opy (additional copy is enclosed)

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### TRANSMITTAL LETTER

	stration Section sion of Corporations	•	•			
SUBJECT:	Leslie	MAYNE	FISHER HAN	2 MAMYO	ERVICES	<b>₹</b> 4
		(Name of Limi	ted Liability Company)			<b>15.</b> 00 m
The enclosed	Articles of Organizat	ion and fee(s) are	submitted for filing			
			-			
Picase remini	ull correspondence co	ncerning this mai	tter to the following:			
	LES	LIE WAY	NG FIGHER (Name of Person)			
•			(Name of Person)		-	
	LESLIE WAY	NE FISHE	THANDYMAN	SCRVi cu	es L.L.	<u>ر</u>
			(Firm/Company)			
		3840	AFTON CIR	الحال		
		SARAS	OTA FI. 342	<u>دعج</u>		
			OTA F1. 347 (Address)	<u></u>		
For further info	rmation concerning ti	(City	/State and Zip Code)	.33		-
LESLIE 1	NAMNE FIS	HER	at (941) 7 (Area Code & Dayti	80-0110		
	(Name of Person)		(Area Code & Daytı	me Telephone Num	ber)	
Enclosed is a	check for the follow	ing amount:				# <u>*</u>
☐ \$125.00 Filin			S155.00 Filing Fee Certified Copy (additional copy is enclosed	Certificate d) Certified	c of Status & Copy opy is enclosed)	₩.
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassec, Florida 32399		Registrati Division o P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314	05 MAR -4 PH 3: 56 TÄLLAGALSEL FLÖRIBA	Section 1995  Se

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ARTICLE				LANUITED LAAB		NI 💬
	LesLie	BUYALV	Fisher	HAWDYMAN	Services	L.L.
	II - Address: g address and st	reet address of	the principal of	fice of the Limited	Liability Company	is:
Principal (	Office Address:		Mailine	Address:		
SARASC SARASC					ircle 233	
ARTICLE	III - Registere	d Agent, Regis	itered Office, &	Registered Agent	's Signature:	
The name as	nd the Florida s	treet address of	f the registered a	igent are:		-
	Le:	SLIE WAYA	UE FLENGR	د.		
			TON circu			<del>*</del>
		Florida str	cet address (P.O. B	ox NOT acceptable)		
		ARASOTA	FL State, and Zip	34233		<b>₹</b> 21
liability ( registered a statutes re	company at the p gent and agree that the pro- lating to the pro-	place designate to act in this ca per and comple my position as Lester	d in this certificate pacity. I further the performance of registered agents. Wayne	ice of process for the ste, I hereby accept to agree to comply wit of my duties, and I a st as provided for in (	he appointment as h the provisions of m familiar with and	all 📆
		Registered A	gent's Agnature			
3840 AFTO	A, FL 34233		_2	17.05 Date	0946 63-1370/670 874NCH 202	
Pay to the Order of	REGISTRAT		1 20/	ORFORATIONS \$	lars di tanton	ម្បី 223 238 27,
First Nation Sarasota Cou		·	[1]0.1	Silver G	FLORIDA	
For	20 1 3 20 Oi.	513	AUUR SIII (U	GLC		

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"M6R"	LESLIE WAYNE FIGHTON  3840 APTON CTRCUS  SARASOTA, FL. 34233
Use attachment if necessary)	
	ust be added if an effective date is requested.
REQUIRED SIGNATURE:  Leslie Signature of a me	Wayne Isher mber 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.)

LESLIE WAYNE FISHER

Typed or printed name of signee

2.17.05

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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