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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

12:48 pm. 1/13 Confirmed to Kelly it was filed



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ASAP HANDYMAN SERVICES, LLC		
(Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	ALL MASSES
Please return all correspondence concerning this matter	er to the following:	
BARBARA MONROE		
O	Name of Person)	
ASAP HANDYMAN SERVICES, LLC	_	
	Firm/Company)	
124 FREDERICK ST.		
	(Address)	<u> </u>
PALM BAY, FLORIDA 32908		
(City/	/State and Zip Code)	
For further information concerning this matter, please	call:	
BARBARA MONROE	at (321) 271-7649	
(Name of Person)	(Area Code & Daytime Te	elephone Number)
		·
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee ② \$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:	MAILING A	DDRESS:
Registration Section	Registration S	ection
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 6327	
Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, F.	

ARTICLE I - Name: The name of the Limited Liability Company is: ASAP HANDYMAN SERVICES, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

124 FREDERICK ST.

PALM BAY, FLORIDA 32908

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

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

Principal Office Address:

4685 SUGARTOWN ST. COCOA, FLORIDA 32927

Name

4685 SUGARTOWN ST.

Florida street address (P.O. Box NOT acceptable)

COCOA, FLORIDA 32927

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 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..

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:

MGRM	KELLY L. GONZALEZ	
	4685 SUGARTOWN ST.	
	COCOA, FLORIDA 32927	
MGRM	BARBARA MONROE	THE PARTY OF THE P
	4685 SUGARTOWN ST	Per 3 1
	COCOA, FLORIDA 32927	
MGRM	DUSTIN R. JOLLY	500 g t
	4685 SUGARTOWN ST.	
	COCOA, FLORIDA 32927	
		36
		75

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

BARBARA MONROE

Typed or printed name of signee

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)

ARTICLE V- A requested effective date from the State of Florida, Division of Corporations is requested and required.

MGRM	KELLY L. GONZALEZ
	Gelly 2 Borales 03.2900
MGRM	BARBARA MONROE
	Bartara monroe 03/29/2005
<u>MGRM</u>	DUSTIN R. JOHLY WWW 13-79-00
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