L05000039522

	/Pag	uestor's Name	
J	(ited)	uesioi s Naille	,
	(Add	ress)	
	(Add	ress)	
	(City)	/State/Zip/Phor	ne #)
PICK-I	UP	 WAIT	MAIL
	(Busi	iness Entity Na	ime)
<u> </u>	(Doc	ument Numbe	r)
ertified Copies		Certificate	es of Status
Special Instructio	ns to F	iling Officer:	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Commence of the second			
erent -			
eite r	D.		
ister	רי	Office Use C `∩	nıy
aier	·		 -
ਕਹਾ। ਹੈ ਜਿ	Ľπ	10 J	
~~ 12.4 · · · · · · · · · · · · · · · · · · ·			. *
**************************************	3'7 r '	1	



200048781362

N4/19/05--01086--003 **130.00

TES GRIP A II: 27
SCHEINER OF SHEE
WITH ANNA PER FINISH

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: My Handyman, LLC				
(Name of Limited	Liability Company)			
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
Johr	H. Hilbert II			
0	Name of Person)			
	oop & Kendrick, LLP Firm/Company)			
U	Tittle Company)			
1000	Jackson Street			
	(Address)			
Toledo, Ohio 43624				
(City/	State and Zip Code)			
For further information concerning this matter, please	call:			
John W. Hilbert II	at (419) 321-1390			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed in a check for the following amounts	Zv =			
Enclosed is a check for the following amount:				
☐ \$125.00 Filing Fee	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status &			
Certificate of Status	(additional copy is enclosed) Certified Copy			
	(additional copy is enclosed)			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327			
Tallahassee, Florida 32399	Tallahassee, Florida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
My Handyman, LLC				
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
13990 McGregor Boulevard, Unit 257B Fort Myers, Florida 33919	13990 McGregor Boulevard, Unit 257B Fort Myers, Florida 33919			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the re	gistered agent are:			
John W. Hilbert II				
Name				
101 East Kennedy Blvd.	, Ste. 2800			
Florida street address (P.O. Box NOT acceptable)				
Tampa	FL 33602-5151			
City, State, ar	nd Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, F.S			

(CONTINUED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Dan L. Balensiefer 13990 McGregor Boulevard, Unit 257B Fort Myers, Florida 33919
(Use attachment if necessary)	
	ist be added if an effective date is requested.
(In accordance with of this document co	nber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution on stitutes an affirmation under the penalties of perjury
	ed herein are true.) Ihn W. Hilbert II, Authorized Representative Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional)	ARETARY 19
\$ 5.00 Certificate of Status (Option	nal)