## 105000083228

Office Use Only



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W5-83228

## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations   |   |   |   |
|---|---|---|---|
| SUBJECT: Drew Hudson, Conscientious Hand (Name of Limit   | yman, LLC<br>ted Liability Company)   |   |   |
| The enclosed Articles of Organization and fee(s) are  | submitted for filing.   |   |   |
| Please return all correspondence concerning this mat  | ter to the following:   |   |   |
| Andrew Hudson   |   |   |   |
|   | (Name of Person)  |   |   |
|   |   |   |   |
| Drew Hudson, Conscientious Handyman, LLC  | (Firm/Company)  |   |   |
|   |   |   |   |
| 2901 - 26th Street West UNIT #07  |   |   |   |
|   | (Address)   |   |   |
|   |   |   |   |
| Bradenton, FL 34205   | y/State and Zip Code)   |   |   |
|   | ,,  |   |   |
| For further information concerning this matter, please  | e call:   |   |   |
| Andrew Hudson   | at ( 912 ) 812-5073   |   |   |
| (Name of Person)  | (Area Code & Daytime Te   | elephone Number)  | - |
| Enclosed is a check for the following amount:   |   |   |   |
|   |   | <b>7</b> 01 00 00 <b>7</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                          |   |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status   | Certified Copy (additional copy is enclosed)                                    | S160.00 Filing For Certificate of Status & Certified Copy (additional copy is enclosed) |   |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 | MAILING A<br>Registration S<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | ection TS   |   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Drew Hudson, Conscientious Handyman, LLC   | )<br>   |
|--|---|
| ARTICLE II - Address: The mailing address and street address of                                    | the principal office of the Limited Liability Company is:                   |
| Principal Office Address:  | Mailing Address:  |
| 2901 - 26th Street West UNIT 507   | 2901 - 26th Street West   |
| Bradenton, FL 34205  | Bradenton, FL 34205   |
|  | stered Office, & Registered Agent's Signature:  f the registered agent are: |
| The name and the Florida street address of   |   |
| The name and the Florida street address of Billy Wetherington                                      | f the registered agent are:   |
| The name and the Florida street address of Billy Wetherington                                      | f the registered agent are:   |
| The name and the Florida street address of Billy Wetherington  677 N. Washington Blvd              | f the registered agent are:  Name  ., Ste 29                                |
| The name and the Florida street address of Billy Wetherington  677 N. Washington Blvd Florida str  | f the registered agent are:   |
| The name and the Florida street address of Billy Wetherington  677 N. Washington Blvd  Florida str | Name  ., Ste 29 eet address (P.O. Box <u>NOT</u> acceptable)                |
| The name and the Florida street address of Billy Wetherington  677 N. Washington Blvd  Florida str | Name  ., Ste 29 eet address (P.O. Box <u>NOT</u> acceptable)                |

(CONTINUED)

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## 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:   |
|---|---|
| MGRM  | Andrew Hudson  2901 - 26th Street West  Bradenton, FL 34205 |
| ·   |   |
| ,   |   |
|   |   |
| (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.)

Andrew Hudson

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)

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SECRETARY OF STATE