

L05000096456

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05 SEP 26 AM 10:10  
DIVISION OF STATE  
CORPORATION & CREATIONS

B. McKnight SEP 30 2005

HARTSOCK & MANN, L.L.C.

Certified Public Accountants  
1311 East Second Street  
Sanford, Florida 32771-1415  
Tel (407) 322-4854/Fax (407) 324-9272

August 5, 2005

Edward J Alessandrini  
Ed's Handyman Service of Volusia, LLC  
2829 Benrock Terrace  
Deltona, Florida 32725

Dear Ed:

Attached is the LLC organizational document and transmittal letter. Sign the organizational document in both places at the red x's. Enclose a check for \$125.00 and mail to the address at the bottom of the transmittal letter. The client copy is for your files.

Sincerely,



Richard H. Mann, CPA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ED'S HANDYMAN SERVICE OF VOLUSIA, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD J. ALESSANDRINI  
(Name of Person)

ED'S HANDYMAN SERVICE OF VOLUSIA, LLC  
(Firm/Company)

2829 BENROCK TERRACE  
(Address)

DELTONA FL 32725  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD J. ALESSANDRINI at (2407) 314 9472  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$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:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ED'S HANDYMAN SERVICE OF VOLUSIA, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2829 BENROCK TERRACE  
DELTONA FL 32725

**Mailing Address:**

SAME

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

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

EDWARD J ALESSANDRINI  
Name

2829 BENROCK TERRACE  
Florida street address (P.O. Box **NOT** acceptable)  
DELTONA FL 32725  
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..*

X Edward J Alessandrini  
Registered Agent's Signature

(CONTINUED)

05 SEP 26 AM 10:10  
DIVISION OF CORPORATIONS  
FLORIDA SECRETARY OF STATE

**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

MGRM

**Name and Address:**

EDWARD J. ALESSANDRINI

2829 BENROCK TERRACE

DELTONA FL 32725

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

X Edward J. Alessandrini

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.)

EDWARD J. ALESSANDRINI

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)**