JAN-24×20(\$ + 12:16

P.01/03

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000020059 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850)205-0383

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072458003255 Phone: (305)634-3694 : (305) 633-9696 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LIGHTNING HANDY HOUSE & SERVICES LLC

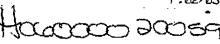
Certificate of Status Certified Copy ŧ 03 Page Count Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

i of i





	*
ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
LichTNING H	andy House & Services L
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2557 TRAPP AVE	ristered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:
	Name TORAGE AGE TORAGE P.O. Box NOT acceptable) TORAGE P.O. Box NOT acceptable)
MIFAMI	Flat 33133 PATE 5
liability company at the place designal registered agent and agree to act in this a statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

'MGR" = Manager 'MGRM" = Managing Member	
	•
·	
	÷
Jse attachment if necessary)	·
OTE: An additional article must l	oe added if an effective date is requested.

REQUIRED SIGNATURE

ber of 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.)

Typed or printed same of signee

Filing Fees;

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

- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2