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N. Culligan MAR - 2 7086

TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: PEOPLES HANDYMAN, LL	.c			
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this mat	-			
DAN PEOPLES				
(Name of Person)				
PEOPLES HANDYMAN, LLC				
(Firm/Company)				
6810 WHITE OAKS DRIVE				
(Address)				
PENSACOLA, FL 32503				
(City/State and Zip Code)				
For further information concerning this matter, pleas	se call:			
DAN PEOPLES	at (850) 478-2306			
(Name of Person)	(Area Code & Daytime Telephone Number)			
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			
(City/State and Zip Code) For further information concerning this matter, pleas DAN PEOPLES (Name of Person) STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	at (850 478-2306 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
PEOPLES HANDYMAN, LLC	
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6810 WHITE OAKS DRIVE	6810 WHITE OAKS DRIVE
PENSACOLA, FL 32503	PENSACOLA, FL 32503
ARTICLE III - Registered Agent, Registered Of	fice, & Registered Agent's Signature:
The name and the Florida street address of the regis	stered agent are:
DAN PEOPLES	A A
Name	
6810 WHITE OAKS DRIVE	
Florida street address (P.O. Bo	ox NOT acceptable)

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

City, State, and Zip

(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:			
MGRM	DAN PEOPLES			
	6810 WHITE OAKS DRIVE			
	PENSACOLA, FL 32503			
(Use attachment if necessary)				
(Ose attachment if necessary)				
NOTE: An additional article must be	e added if an effective date is requested.	-4,,	_	
REQUIRED SIGNATURE:		ALC	06 MAR -1	
REQUIRED SIGNATURE:	2	<u>⊋</u> [萧	
19		HASSEE		FILED
Signature of a member	or an authorized representative of a member.	Ĵ., Ĉ.,	7	Ė
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(In accordance with sec of this document consti- that the facts stated her	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)	FLORIDA	P# 3: 18	
DAN PEOPLES				
Тут	ped or printed name of signee			
	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)			