Division of Corporations Public Access System

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(((H06000173473 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

FOLEY & LARDNER Account Name 072720000061 Account Number : Phone

Fax Number

(904) 359-2000 (904)359-8700

ORIDA/FOREIGN LIMITED LIABILITY C PAUL WHITE'S HANDYMAN SERVICES LLC			
Certificate of Status	0		
Certified Copy	1		
Page Count Estimated Charge	02		
Estimated Charge	\$155.00		

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Fax Audit No.: H06000173473

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY	7
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
PAUL WHITE'S HANDYMAN SERVICES LLC		
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is	1:
Principal Office Address:	Mailing Address:	
3926 Sea Eagle Circle	3928 Sea Eagle Circle	
St. Augustine, PL 32086	St. Augustine, FL 32086	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	i Office, & Registered Agent's Signature:	06 JUL -7
The name and the Florida street address of the r		AM IO:
Paul White		<u> </u>
Name	RATE	2

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..

City, State, and Zip

Florida street address (P.O. Box NOT acceptable) FL 32086

Registered Agent's Signature (REQUIRED)

3928 Sea Eagle Circle

St. Augustine

(CONTINUED) Page 1 of 2

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Managing Member	Paul White	
	3928 Sea Eagle Circle St. Augustine, FL 32086	
	St. Addition 1.5 32000	
 .		
		-
		- -
(Use attachment if necessary)		
ICLE V: Effective date, if other than		TIONAL)
	A de specific and cannot de more than tive dusin	ess days p
	•	<u>7</u> 8
90 days after the date of filing.)		SECRETA IALLAHAS
effective date is listed, the date mus 90 days after the date of filing.) REQUIRED SIGNATURE:	2-1AQ	SECRETARY OF TALLAHASSEE.
90 days after the date of filing.) REQUIRED SIGNATURE:	mber or an authorized representative of a member.	SECRETARY OF STA TALL/AHASSEE, FLORI
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer (In accordance with of this document of	DIAL.	SECRETARY OF STATE TALLAHASSEE, FLORIDA

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\$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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