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(Requestor's Name) (Address) (Address)	100077966251
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 06 AUG -2 AH 9: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: 1 on One Handyman Services, 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:

Jose Mur		Name of Person)		
1 on One	Handyman Servi	Ces, LLC Firm/Company)		
20360 N	ettleton St.	(Address)		
Orlando,	FL 32833	/State and Zip Code)		
	concerning this matter, please	call:		
Jose Munoz (Name	of Person)	at (<u>407</u>) <u>230-01</u> (Area Code & Daytime T		
Enclosed is a check fo	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Status & Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)	
	<u>Mailing Address</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle Do O	

RIDA RIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

1 on One Handyman Services, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address: Mailing Address: 20360 Nettleton St. 20360 Nettleton St. Orlando, FL 32833 Orlando, FL 32833

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jose Munoz	AUG
Name	HAS
20360 Nettleton St.	SEE
Florida street address (P.O. Box NOT acceptable)	H 9
Orlando, FL 32833 EL	RA -
City, State, and Zip	DEM 5

75 g

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 (REQUIRED) (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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Jose Munoz	·
	20360 Nettleton St.	
	Orlando, FL 32833	-
		-
	<u> </u>	· - · ·
		••••••••••••••••••••••••••••••••••••••
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(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGN	gnature of a member or an authorized representative of a member.	
اه	n accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) IOSE MUNOZ	
-	Typed or printed name of signee	m
Filing Fees:		D
of Register \$ 30.00 Certified C	for Articles of Organization and Designation	
\$ 5.00 Certificate	of Status (Optional)	

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