

Division of Corporations

https://efil.sr.fliz.org/scripts/efilcovr.exe

# LD6000095717

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.

(((H06000240684 3)))



H060002406843ABC/

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

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

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
 Account Number : I20010000247  
 Phone : (800)494-3124  
 Fax Number : (305)675-2811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP 29 AM 8:48

FILED

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Joe Longo Handyman Service LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED  
06 SEP 29 PM 3:43  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

H06000240684 3

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

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:  
**Joe Longo Handyman Service LLC**

**ARTICLE II: Address**

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

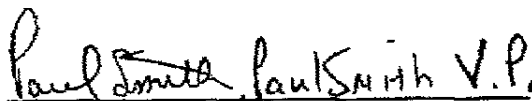
2512 NEEDLE PALM DRIVE  
EDGEWATER FL 32141

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FLORIDA 32351

Having been named as registered agent 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.



A1A REGISTERED AGENT INC./ Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP 29 AM 8:48

FILED

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

H06000240684 3

H06000240684 3

PAGE 2

Joe Longo Handyman Service LLC

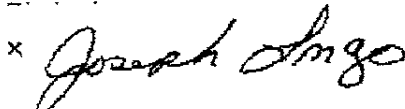
ARTICLE V: MEMBERS (optional)

**MANAGING MEMBER:**

JOSEPH LONGO  
2512 NEEDLE PALM DRIVE  
EDGEWATER FL 32141

**MANAGING MEMBER:**

JAN LONGO  
2512 NEEDLE PALM DRIVE  
EDGEWATER FL 32141

x 

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.)

JOSEPH LONGO

06 SEP 29 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H06000240684 3