

LV6000096124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

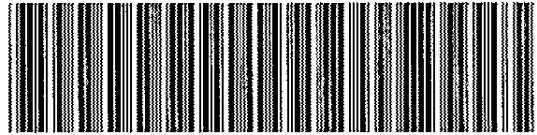
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TO ASSURE ADEQUATE  
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DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 495736 81034A

AUTHORIZATION :

COST LIMIT : \$ 155

*Spuddean*

06 OCT -2 PM 3:55  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 2, 2006

ORDER TIME : 11:50 AM

ORDER NO. : 495736-005

CUSTOMER NO: 81034A

DOMESTIC FILING

NAME: HANDS ON HOME IMPROVEMENT &  
REPAIR, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
HANDS ON HOME IMPROVEMENT & REPAIR, LLC**

**FILED**  
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TALLAHASSEE, FLORIDA

**ARTICLE I ~ Name**

The name of the limited liability company shall be **HANDS ON HOME IMPROVEMENT & REPAIR, LLC.**

**ARTICLE II ~ Address**

The street address of the principal office of the Limited Liability Company shall be 1458 The Crossing, Niceville, Okaloosa County, Florida 32578, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be Post Office Box 5068, Niceville, Florida 32578-5068.

**ARTICLE III ~ Registered Agent, Registered Office  
& Registered Agent's Signature**

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

Ben Tracy Porter  
1458 The Crossing  
Niceville, FL 32578

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.

  
BEN TRACY PORTER  
Registered Agent's Signature

**ARTICLE IV ~ Management**

- ☒ This Limited Liability Company is a member-managed company.
- ☐ This Limited Liability Company is a manager-managed company.

In accordance with §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.

  
BEN TRACY PORTER

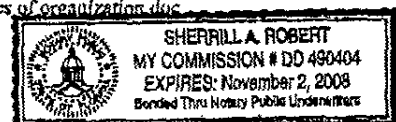
9-27-06  
Date signed

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 27 day of September, 2006 by BEN TRACY PORTER, who is personally known to me or who has produced \_\_\_\_\_ as identification.

  
Notary Public  
My Commission Expires:

Missy LLC'S HANDS ON HOME IMPROVEMENT & REPAIR, LLC articles of organization.doc



**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

STATE OF FLORIDA  
COUNTY OF OKALOOSA

In compliance with Florida Statute 608.407(2), the undersigned member of  
**HANDS ON HOME IMPROVEMENT & REPAIR, LLC** deposes and says:

1. The limited liability company identified above has at least one (1) member.
2. The total amount of cash contributed by each member is \$ 0.
3. The agreed value of property other than cash contributed by the member is none.
4. The total amount of cash or property anticipated to be contributed by the member(s)  
is \$ 0. This total includes the amounts from Paragraphs 2 and 3 above.

BEN TRACY PORTER  
BEN TRACY PORTER

9-27-06  
Date signed

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 27 day of  
September, 2006 by BEN TRACY PORTER, who is personally known  
to me or who has produced \_\_\_\_\_ as identification.

Sherrill A. Robert  
Notary Public  
My Commission Expires:

