L060001/3732

		•
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
		_
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE AND AMASSEE, FLORIDA

200 NOV 27 P 5:

COVER LETTER

	stration Se sion of Co	ection rporations		
SUBJECT:	Aunt	Shar's Handyman (Name of Limited	LLC d Liability Company)	
		f Organization and fee(s) are s	_	
Please return	all corresp	ondence concerning this matte	er to the following:	
.Jer	ry Esp	oinet (Name of Person)	
Aun	t Shar	's Handyman LLC		
		((Firm/Company)	
620	0 - 14	7 Ave, Dowale	? Sided	Zilob SECI
Cle	arwate	er, Fl.		SECRETARY
For further in	formation	concerning		P 5: 44 OF STATE
<u>Jerry E</u>		e of Person)	at (<u>727</u>) <u>768–76</u> (Area Code & Daytime T	28
Enclosed is	a check fo	or the following amount:		
□ \$125.00 F		_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Jerry Espinet 6200 - 147 Ave, No. Clearwater, Fl. 33760	•
MGR	Cory Richter	
	6200 - 147 Ave, No. Clearwater, Fl. 33760	
	SECR N	-17
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(Use attachment if necessary)	•	
CLE V: Effective date, if other the effective date is listed, the date m	an the date of filing: (OPTION ust be specific and cannot be more than five business d	
CLE V: Effective date, if other the effective date is listed, the date m		
CLE V: Effective date, if other the effective date is listed, the date model of days after the date of filing.)		
CLE V: Effective date, if other that effective date is listed, the date modern days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business d	
CLE V: Effective date, if other that effective date is listed, the date mode of days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance won of this document.	nust be specific and cannot be more than five business d	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)