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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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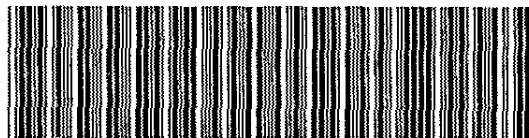
(Business Entity Name)

(Document Number)

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07 JAN 16 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ms*

**George Ricciardi  
1109 East 4<sup>th</sup> Street  
Sanford, FL 32771**

November 17, 2006

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Subject: Handyman Services By George, LLC**

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**George Ricciardi  
Handyman Services By George, LLC  
1109 East 4<sup>th</sup> Street  
Sanford, FL 32771**

For further information concerning this matter, please call:

**George Ricciardi at 407-702-5526**

Enclosed is a check for the following amount:

**\$130.00 Filing Fee & Certificate of Status**

**ARTICLES OF ORGNIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Handyman Services By George, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

1109 East 4<sup>th</sup> Street  
Sanford, FL 32771

**Mailing Address:**

P.O. Box 2566  
Sanford, FL 32772

**ARTICLE III – Registered Agent, Registered Office,  
& Registered Agent's Signature:**

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

**George Ricciardi  
1109 East 4<sup>th</sup> Street  
Sanford, FL 32771**

*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)

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TALLAHASSEE, FLORIDA

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

**MGRM**

**George Ricciardi  
1109 East 4<sup>th</sup> Street  
Sanford, FL 32771**

**ARTICLE V:**

Effective date, is date of filing.

**REQUIRED SIGNATURE:**

  
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.)

George Ricciardi

Typed or printed name of signee