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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Harry D. Fowler Handyman Service (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:
Harry D. Fowler (Name of Person)
Harry D. Fowler Handyman Service (Firm/Obmpany)
3142 Aarons Way SE OT THE MANAGERS)
ر ب <del>ن با بان در بان بان بان بان بان بان بان بان بان بان</del>
Pace, FL 33511 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Harry D. Fowler at (S50) 1/2-87/3 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certificate of Status \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Circle Tallahassee, FL 32301 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Mailing Address:  Mailing Address:  3/42 Agrans Way Pace, FL 32571  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:    Agry D. Fowler   Service   Florida street address (P.O. Box NOT acceptable)   Florida street address (P.O	Harry D. Fowler Hande (Must end with the words "Limited Liability Company, "I	man Service, LLC limited Company" or their abbreviation "LLC," or "L.C.,")
3/42 Harons Way Pace FL 32571  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:    Agrry D. Fowler   Street Agent Agent's Signature:   Agrry D. Fowler   Street Agent's Signature:   Ag		e principal office of the Limited Liability Company is:
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:    Agry D. Fowler   Agrons	Principal Office Address:	Mailing Address:
(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:    Agry D. Fowler   Agrons   Agr	3/42 Aarons Way Pace, FL 32571	Pace, FL 32571
Harry D. Fowler Name  3142 A arons Way  Florida street address (P.O. Box NOT acceptable)  Pace FL 32571  City, State, and Zip	(The Limited Liability Company cannot serve as its own R	
• •	Harry D.  Na  3142 A ar  Florida street  Pace	Fowler ame rons Way taddress (P.O. Box NOT acceptable)  FL 33571
	•	•

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Manyel D Lawler

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

Registeren Agent 3 Signature (REQUIREL

(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:

Title:	Name and Address:	
"MGR" = Manage "MGRM" = Mana		
MGR		
	Harry D. Fowler  3142 Aarons Way Pace, FL 32511	
	Pace, FC 32511	
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	te, if other than the date of filing: (OPTIONAL)  d, the date must be specific and cannot be more than five business days p	
to or 90 days after the dat	e of filing.)	
REQUIRED SIG	NATURE:	
	Warren A Your Para	
j	ignature 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.)	
	Harry D. Fowler Typed or printed name of signee	
	Typed or printed name of signee	

### 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)