

LO7000542432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

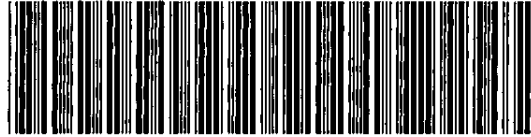
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HANDY HANDS JOHN

(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:

JOHN SIPOS

(Name of Person)

HANDY HANDS JOHN, INC.

(Firm/Company)

11529 Chaplis Lane

(Address)

Estero, FL 33928

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE FL 32301

FILED

For further information concerning this matter, please call:

JOHN SIPOS

(Name of Person)

at (239)

464-4400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
FOR
HANDY HANDS JOHN, LLC
Limited Liability Company

ARTICLE I

Name – the name of the Limited Liability Company is:

Handy Hands John, LLC

ARTICLE II

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

11529 Chaplis Lane, Estero, FL 33928

ARTICLE III

The Purpose for which this Limited Liability Company is organized is:

Any and all lawful business

ARTICLE IV

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

John Sipos
11529 Chaplis Lane, Ester , FL 33928

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 that 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 Signature

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TALLAHASSEE FLORIDA

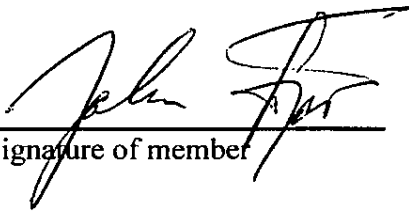
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ARTICLE V

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

TITLE:
John Sipos – MGRM

NAME and ADDRESS
John Sipos, 11529 Chaplis Lane, Estero, FL 33928



Signature of member

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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