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ALLAHASSEE, FLORID,

OF JUN 22 PM 1: 0

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Toll Handyman Service LLC (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:	
Ted Nelson (Name of Person)	
(Name of Person)	
ToN. Handyman Service LLC	
(· ····· senipany)	
5726 Pines Park Circle	
(Address)	
Tallahassee H 32304 Find	(COME
(City/State and Zip Code)	<u> </u>
For further information concerning this matter, please call:	
Ted Nelson at (850) 350-0775 SEE SEE (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
Tallahassee H 32304 (City/State and Zip Code) For further information concerning this matter, please call: Ted Nelson (Name of Person) (Name of Person) Enclosed is a check for the following amount: 1 \$125.00 Filing Fee ρ \$130.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

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

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Toll Handyman Serv (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5726 Pines Part Circle Tallahasser FL 32304	same "
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Florida street address of Tallung City, State, an	ess (P.O. Box NOT acceptable) FL AHASSEE FL AHASSEE
liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

Name and Address:
Nassin Salimi 5726 Pines Park Circle Tallahuser PL 32304
ASSEE C
te of filing:(OPTIONAL)
e specific and cannot be more than five business day

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 fagts stated herein are true.)

Typed or printed name of signed

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)