

LD7000103824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

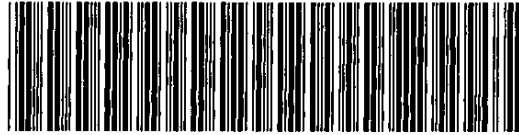
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

9-24-07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Squid Handyman Services, L.L.C.
(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:

Michelle Mayne Davis

(Name of Person)

Dwyer & Cambre, APLC

(Firm/Company)

1200 W. Causeway Approach, Suite 17

(Address)

Mandeville, Louisiana, 70471

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Mayne Davis

(Name of Person)

at (985) 624-3307

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2007

MICHELLE MAYNE DAVIS
DWYER & CAMBRE, APLC
1200 W. CAUSEWAY APPROACH, SUITE 17
MANDEVILLE, LA 70471

SUBJECT: SQUID HANDYMAN SERVICES, L.L.C.
Ref. Number: W07000048747

We have received your document for SQUID HANDYMAN SERVICES, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 1, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 007A00057588

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Squid Handyman Services, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1922 North Baylen Street
Pensacola, FL, 32501

Mailing Address:

1922 North Baylen Street
Pensacola, FL, 32501

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:

George W. Johnson

Name

1922 North Baylen Street

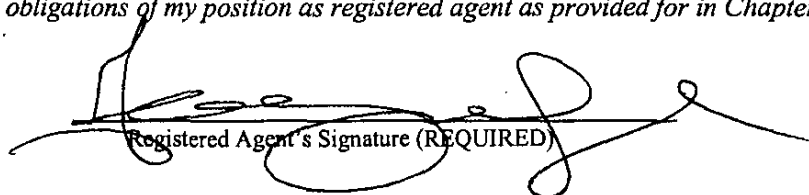
Florida street address (P.O. Box **NOT** acceptable)

Pensacola, FL, 32501

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

EFFECTIVE DATE

9-24-07

(CONTINUED)

Page 1 of 2

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

"MGRM" = Managing Member

Name and Address:

MGRM

George Johnson
1922 Baylen Street
Pensacola, FL 32501

MGRM

Frank Stuart, Jr.
17 Eagle Trace
Mandeville, LA 70471

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 24, 2007. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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.)

Frank Stuart, Jr.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT -1 AM 10:51

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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)