

LO7000128192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

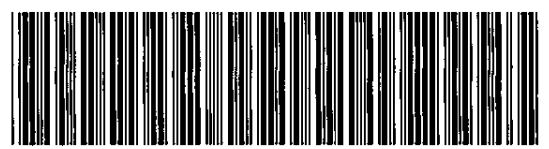
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 1-1-08



900113479469

12/31/07--01002--011 **125.00

RECEIVED
07 DEC 31 AM 11:02
FILED
07 DEC 31 AM 11:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 31, 2007
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Michael Hand construction
(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:

Michael Hand
(Name of Person)

Michael Hand Construction
(Firm/Company)

14445 NW Seeborn Ct Hand Rd
(Address)

Altha, FL 32421
(City/State and Zip Code)

FILED
07 DEC 31 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Hand at () 363-4953
(Name of Person) (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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael Hand Construction LLC
(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:

14445 NW Seeborn C.
Hand Rd
Altha, FL 32421

Mailing Address:

14445 NW Seeborn C.
Hand Rd
Altha, FL 32421

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:

Michael Hand
Name
14445 NW Seeborn C. Hand Rd
Florida street address (P.O. Box **NOT** acceptable)
Altha FL 32421
City, State, and Zip

FILED
07 DEC 31 AM 11:11
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..

Michael E. Hand
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 1-1-08

(CONTINUED)

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

MGR

Name and Address:

Michael Hand
14445 NW Seeborn Ct Hand Rd
Altamonte, FL 32421

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 1, 08 (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:

Michael E. Hand
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.)

Michael Hand
Typed or printed name of signee

FILED
07 DEC 31 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)