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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
(City/State/Zip/Pnone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
(2004)
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

	ation Section n of Corporations			
SUBJECT: 7/	HE LOCAL HAND	DYMAN,	LLC.	
	(Name o	f Limited Liabilit	y Company)	
The enclosed Ar	ticles of Organization and fee	(s) are submitted	for filing.	
Please return all	correspondence concerning th	his matter to the f	ollowing:	
	ROD KR.	EINBRIN	K	
		(Name of I	erson)	
	ŧ			
		(Firm/Con	ipany)	
	3870 B	RAVO	ROAD	
		(Addre	ROAD ss)	
	PORT CHA	201077	E FLORIA	2x 33957
		(City/State and	Zip Code)	NA. 33953
For further infor	mation concerning this matter	r. please call:		
Rosa	uncon plula		701 . 629 ~ "	72 DG
	KNEINDRINU (Name of Person)	at (<u></u>	Area Code & Daytime Tel	ephone Number)
Enclosed is a c	heck for the following amo	ount:		
\$125.00 Filing	Fee \$\frac{\text{\$130.00 Filing F}}{\text{Certificate of Sta}}	itus Certi	00 Filing Fee & [ified Copy ional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations 1	Street/Courier Address Registration Section Division of Corporation Division Building 2661 Executive Center C	



May 28, 2008

ROD KREINBRINK 3870 BRAVO ROAD PORT CHARLOTTE, FL 33953

SUBJECT: THE LOCAL HANDYMAN, LLC

Ref. Number: W08000026102

We have received your document for THE LOCAL HANDYMAN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6067.

Letter Number: 308A00033442

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE	LOCAL	HAND YMAN, LL ted Liability Company, "L.L.C.," or "LLC."	· C
(Must end w	ith the words "Lin	ted Liability Company, "L.L.C.," or "LLC."	"
ARTICLE II - Address: The mailing address and		of the principal office of the Limit	led Liability Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
3870 BRAV.	o Rond	P.O. BOX	27014
0000 5400	, <u>~</u> **		
1 CACT CHAIR	LOILE	<u> </u>	F 20 4101.
ARTICLE III - Register	red Agent, Re	P.O. BOX ELTOBEAN, gistered Office, & Registered A	gent's Signature:
ARTICLE III - Register (The Limited Liability Company business entity with an active Florida The name and the Florida	red Agent, Re cannot serve as its orida registration.)	gistered Office, & Registered Apont Registered Agent. You must designate a of the registered agent are:	gent's Signature:
ARTICLE III - Register (The Limited Liability Company business entity with an active Florida The name and the Florida	red Agent, Re cannot serve as its orida registration.)	gistered Office, & Registered Apont Registered Agent. You must designate a of the registered agent are:	gent's Signature:
ARTICLE III - Register (The Limited Liability Company business entity with an active Florida The name and the Florida	red Agent, Recannot serve as its orida registration.) a street address	gistered Office, & Registered Apont Programmer and Apont Programmer and State of the registered agent are: CRELIBRIAK Name Name	gent's Signature:
ARTICLE III - Register (The Limited Liability Company business entity with an active Florida) The name and the Florida	red Agent, Recannot serve as its orida registration.) a street address ROD	ristered Office, & Registered Agent You must designate a of the registered agent are: WREINBRINK Name BRAUO ROAD	gent's Signature: m individual or another
ARTICLE III - Register (The Limited Liability Company business entity with an active Florida) The name and the Florida	red Agent, Recannot serve as its orida registration.) a street address ROD SYTO Florida	gistered Office, & Registered Agent Registered Agent. You must designate a of the registered agent are: KREINBRINK Name ROAD Street address (P.O. Box NOT acceptab)	gent's Signature: m individual or another
ARTICLE III - Register (The Limited Liability Company business entity with an active Florida) The name and the Florida	red Agent, Recannot serve as its orida registration.) a street address ROD Florida CNARL	ristered Office, & Registered Agent You must designate a of the registered agent are: WREINBRINK Name BRAUO ROAD	gent's Signature: 08 MAY 27 PM 12 SECRETARY OF STALLAHASSEE FL

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)

(CONTINUED)

dx/x94 "H&@@@O OHA OH#@ (X:(DD))X((D)

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

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

"MGR" = Mana		Name and Address:	
	ager anaging Member		
	· magnig menion	222	de
MERM		ROU KREINBRIN	<u> </u>
		ROD KREINBRIN 3870 BRAVO RO PORT CHARLOTTE,	AO .
		PORT CHARLOTTE, I	<u> </u>
 			
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(Use attachmer	t if necessary)	,	<u></u>
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	it if necessary)	ate of filing:6/01/08(C	PTIONAL)
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CLE V: Effective effective date is left of the feeting of the feet	e date, if other than the datisted, the date must be solate of filing.) IGNATURE: Signature of a member of this document constitution.	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	iness days prio 08 MAY 27 SECRETARY TALLAHASSI
CLE V: Effective effective date is left of the feeting of the feet	e date, if other than the datisted, the date must be state of filing.) IGNATURE: Signature of a member of this document constitut that the facts stated here	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	,

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)