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SECRETARY OF STATE

CA9-18

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	CCT: BJ Handyman Services LLC (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	William H. Jordan (Name of Person)
	(Name of Person)
	(Firm/Company)
	6228 N.W. 35 th Terr.
	(Address)
	Gainesville, FL 32653 (City/State and Zip Code)
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	William H. Jordan at (352) 371-3409 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
□ \$125.	00 Filing Fee \$\times
	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

a Karana da Sangan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, ARTICLE I - Name: The name of the Limited Liability Company is: BJ Handyman Services LLC (Must end with the words "Limited Liability Company, "LL.C.," or "LL.C.," or "LL.C.,")

ARTICLE II - Address:

business entity with an active Florida registration.)

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

Principal Office Address:	Mailing Address:
BJ Handyman Services LLC 4228 N.W. 35th Terr. Gainesville, FL. 32453	BJ Handyman Services U.C. 6228 N.W. 35th Terr. Gainesville, FL. 32453
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

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

William H. Jordan

Name

6238 N.W. 35th Terr.

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

Gainesville, FL 32653

City, State, and Zip

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..

Negistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

	idress of each Manage	er or Managing Member is as follows:	2000 ccp / -
Title: "MGR" = Manaş "MGRM" = Mar	ger	Name and Address:	2000 SEP 17 AM 11. SEURETARY UP STA TALLAHASSEE, FLOR
"MGR"		William H. Jordan 1228 N.W. 35th Terr. Gainesville, FL. 32453	
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(Use attachment	if necessary)		
CLE V: Effective effective date is lis 0 days after the da	date, if other than the dated, the date must be ate of filing.)	late of filing:specific and cannot be more than five	(OPTIONAL) business days prior
CLE V: Effective effective date is lis	date, if other than the dated, the date must be ate of filing.)	date of filing:specific and cannot be more than five	(OPTIONAL) business days prior
CLE V: Effective effective date is lis 0 days after the da	date, if other than the dated, the date must be ate of filing.) GNATURE:	specific and cannot be more than five Joda or an authorized representative of a member	business days prior
CLE V: Effective effective date is lis 0 days after the da	date, if other than the dated, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sect of this document constitutat the facts stated he	or an authorized representative of a member ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjurcin are true.)	business days prior
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)