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SECRETARY OF STATE

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TO:

Registration Section

Division of C	Corporations	
SUBJECT:	Fontaine's I	Handyman Services, LLC
	Name of Limit	ed Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corre	spondence concerning this mat	ter to the following:
	Yo	andris Fontaine
		Name of Person
	Fontaine's H	landyman Services, LLC
		Firm/Company
	118	31 19th ST SW
		Address
	Na	aples, Fl 34117
	Cit	y/State and Zip Code
	yndrsfo E-mail address: (to be used t	ntaine@hotmail.com for future annual report notification)
For further informatio	n concerning this matter, please	,
	dris Fontaine e of Person	at (239) 6016308 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1:12: C				
The name of the Limited	Liability Company	IS:			
Fon	taine's Handym	an Services, LLC ability Company," "L.L.C.," or "L.L.C.	"		
(IVIUSE CITA V	vith the words Limited Lie	ability Company, E.E.C., or EEC.	•)		
ARTICLE II - Address The mailing address and		principal office of the Limit	ed Liability Con	npany	y is:
Principal Office Addres	<u>ss:</u>	Mailing Address:			
1181 19th ST SW		1181 19th ST SW			
Naples, Fl 34117		Naples, Fl 34117	······		
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Yoandris Fontaine Name 1181 19th ST SW Florida street address (P.O. Box NOT acceptable)		ECRETARY OF STATE LLAHASSEE FLORID	09 MAY 19 PM 3: 09		
	Naples, FL 34117		D 111	_	
	City, State				
liability company at t registered agent and agr statutes relating to the	the place designated to the place to act in this capa proper and complete	to accept service of process for this certificate, I hereby acceptly. I further agree to complete performance of my duties, are egistered agent as provided for a provided	cept the appointn ly with the provis nd I am familiar v	ient a ions c vith a	is of all ind

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

ng Member	Yoandris Fontaine 1181 19th St SW Naples, Fl 34117		
	1181 19th St SW		
, if other than the dathe date must be softling.)	ate of filing: pecific and cannot be m	nore than five b	(OPTION usiness d
ATURE:	n ta ii		
nature of a member	or an authorized representa	ative of a member.	J (/)
	on 608.408(3), Florida Statute ttes an affirmation under the p n are true.)		ECRETA
)	oandris Fontaine		SSE Y
Туре	d or printed name of signee		
			101
	zation and Designation		STATE
	Туре	Yoandris Fontaine Typed or printed name of signee Articles of Organization and Designation	Typed or printed name of signee