# 209000058213

(Re	equestor's Name)		
(Address)			
(Address)			
	·		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 1 6 2009

**EXAMINER** 



# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: RE	ED'S Han	ACYMAN Seried Liability Company	vices LLC.
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	tter to the following:	·
WALTI	ER KEE	D	
REED'	s Hand	Name of Person  WMON Servi  Firm/Company	ces"LLC."
1419	W 27+	h Street	·
Panam	a City	Address  Lack State and Zip Code  Address  32	402
wald	1 32405	for future annual report notification	om
For further information co	oncerning this matter, pleas	e call:	
WALTER Name of	REED	at (850) 625 Area Code & Daytime Telep	9124 Phone 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 C Tallahassee, FL 32301	



# FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

09 JUN -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 26, 2009

WALTER REED 1419 W 27TH ST PANAMA CITY, FL 32402

SUBJECT: REED'S SERVICES LLC

Ref. Number: W09000024557

We have received your document for REED'S SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P02000041295 (REED SERVICES, INC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 509A00017639



RECEIVED

09 JUN 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2009

WALTER REED 1419 W 27TH ST PANAMA CITY, FL 32402

SUBJECT: REED'S HANDYMAN SERVICES LLC

Ref. Number: W09000024557

We have received your document for REED'S HANDYMAN SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 909A00019592

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
REED'S Handyman Services LL C (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	, (1	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	ompan	ıy is:
Principal Office Address:  Reed's Handyman Services "LLC" WALTER REED 1919 W 27th Street Panama City Fla 32402  Panama City Fla 32402  Panama City Fla 3240	2	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:  WALTER REED  Name  1419 W 27 +h Street  Florida street address (P.O. Box NOT acceptable)  Parama City FL 32402  City, State; and Zip		
Having been named as registered agent and to accept service of process for the above stalliability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provestatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60	tment a isions o with a 08, F.S.	is of all ind
Registered Agent's Signature (REQUIRED)  (CONTINUED)	09 JUN 15 AM 10: (	SECRETARY OF SIMI

### 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:

<u>Title:</u> · "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	WALTER REED 1419 W 27 th Street Panama City Fla 32402
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a membe	r or an authorized representative of a member.
(In accordance with sec	etion 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee