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C. LEWIS

AUG 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GREG QUINN HANDY MAN SERVICE 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:
GREGORY QUINN
Name of Ferson
GREG QUINN HANDY MAN SERVICE
1 unbecompany
3313 74th StrEET
Address
TAMPA, Fl. 33619
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CREGORY QUINN at (813) 841-1657 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{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:

GREG QuiN HANDY V	MAN SERVICE "LLC"
(Must end with the words "Limited Liabili	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
GREGARY QUINN	GREGORY QUINN
33/3 7474 STREET	33/3 74th Street
1AMPA F1. 33619	1AMPA F1. 33619
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The second of Plants states of the second	egistered agent are:
The name and the Florida street address of the re	igistered agent are:
GREGORY X	NINN 题 T
Name	SER _ M
3313 74 th	Street 20
Florida street address (P.O.	Box NOT acceptable)
TAMOR FI	- 22/19

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRN" = Manager	Name and Address:	SECRETARY OF S TALLAHASSEE, FI
"MGRM" = Managing Member	GREGORY QUI 3313-74+11 Str TAYMPA, F1. 3	NN 1557 3619
ffective date is listed, the date m	an the date of filing: $8-5-69$	(OPTIONAL)
LE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more	than five business days p
LE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more	than five business days p
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document that the facts sta	nust be specific and cannot be more	fa member. execution ies of perjury

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)