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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

Office Use Only



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11/09/09--01018--004 **100.00

10/19/09--01018--010 **25.00

SECRETARY OF STATE ALL'ANASSEE FLORIDA

MINON IN BUIST

COVER LETTER

Division of Corporations
SUBJECT: SIGLERS HANDY MAN SERVICES L.L.C.
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:
DARY DIACER ST = T
Sigles Handyman Services L.L. 200 75 Firm/Company
1632 KEVIN COURT
Address
GULF BREEZE, FL. 32563 City/State and Zip Code
519LERGARY Q VALOR. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SARY Sigles at (B50) 232-0470 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
Sigler's Handymon Services L. L. C. S. S. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
1632 KEVIN COURT 1632 KEVIN COURT GULF BREEZE, FL. GULF BREEZE, FL. 32563		
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 business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
GARY SIGLER Name		
Florida street address (P.O. Box NOT acceptable)		
GULF BREEZE FL 32563 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		
Registered Agent's Signature (REQUIRED)		

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGKW - Wanaging Wember 11 G R	GARY SIGLER 1632 KEVIN COURT GULF BREEZE, Ph 32563
	NOV 10 PK 12: 56 AHASSEE, FLORID
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the clif an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE	Sul
(In accordance with sect of this document constituted that the facts stated here	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)
Filing Fees:	ned or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)