L0900001 17877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

COVER LETTER

SUBJECT: _____ **IGOZAYAS HANDYMAN SERVICES, LLC.** _____
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:

IBRAIN GONZALEZ-DE ZAYAS
Name of Person

IGOZAYAS HANDYMAN SERVICES, LLC
Firm/Company

2900 KINNON DR
Address

ORLANDO, FL 32817
City/State and Zip Code

edenm30@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IBRAIN GONZALEZ-DE ZAYAS at (**321**) **460-6421**
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee   ☐ $130.00 Filing Fee & ☐ $155.00 Filing Fee & ☐ $160.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                            (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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:

IGOZAYAS HANDYMAN SERVICES, LLC.

(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:**
2900 KINNON DR.	2900 KINNON DR
ORLANDO, FL 32817	ORLANDO, FL 32817

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:

IBRAIN GONZALEZ-DE ZAYAS
Name

2900 KINNON DR
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO, FL 32817 FL
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)

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

Title: **Name and Address:**
"MGR" = Manager
"MGRM" = Managing Member

MGR   IBRAIN GONZALEZ-DE ZAYAS
                                                    2900 KINNON DR
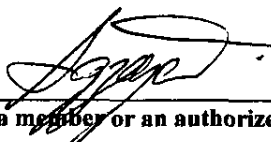   ORLANDO, FL 32817

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

_____
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

IBRAIN GONZALEZ-DE ZAYAS
Typed or printed name of signee

Filing Fees:

$125.00 **Filing Fee for Articles of Organization and Designation**
         of Registered Agent
$ 30.00 **Certified Copy (Optional)**
$ 5.00 *Certificate of Status (Optional)*