| 10000030551 | | |
|---|---|--|
| (Requestor's Name) (Address) (Address) | 200172025062 | |
| (City/State/Zip/Phone #) | 03/18/1001007018 **125.00 | |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | • • • | |
| L. SELLERS MAR 1 9 2010 EXAMINER | TAS TO | |
| Office Use Only | FILED 10 HAR 18 PM 2: 10 SECRETARY OF STATE ALLAHASSEE, FLORID | |



Business & Management Consultants

March 10, 2010

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Big Ben Handyman Services, LLC

To Whom It May Concern:

Enclosed please find an original and one (1) copy of the Articles of Organization for our abovereferenced client. Also, enclosed is a check in the amount of \$125.00 for the filing fee and designation of registered agent.

Should you have any questions, please do not hesitate to call our office.

Sincerely Thomas Hu Ш

Senior Consultant

Enclosures

ARTICLES OF ORGANIZATION FOR **BIG BEN HANDYMAN SERVICES, LLC**

ARTICLE I

The name of Limited Liability Company is Big Ben Handyman Services, LLC

ARTICLE II - Address

This mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

Mailing Address

13194 U.S. Highway 301, Suite 179 Riverview, FL 33578

13194 U.S. Highway 301, Suite 179 Riverview, FL 33578

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent is:

| Ben T. Jones | As | هي | |
|--|------------|-------|--------------|
| Name | | 0 MAR | |
| 13194 U.S. Highway 301, Suite 179 | ETA | R | ennen N H |
| Florida Street Address (P.O. Box NOT acceptable) | A85 A85 | 8 | |
| Disconsister EL 22579 | OF S | PH | ុញ |
| <u>Riverview, FL 33578</u> City, State, Zip | | ÿ | O |
| City, State, Zip | DRID | 0 | |

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)

ARTICLE IV – Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title MGR = Manager

Name and Address

MGR

Ben T. Jones 13194 U.S. Highway 301, Suite 179 Riverview, FL 33587

ARTICLE V

Effective date, shall be date of filing of Articles of Organization.

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)

Ben T. Jones Typed or printed Name of Signee