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(Requestor's Name) (Address) (Address)	100181240491		
(City/State/Zip/Phone #)	05,/24,/1001031017 *+130.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
Special instructions to Filing Officer:	EFFECTIVE DATE 5/17/2010		
Office Use Only	T 24 AH D: 42		
	B. KOHR MAY 2 6 2010 EXAMINER		

## **COVER LETTER**

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**Registration Section** TO: **Division of Corporations** ANDYMAN SERVICES LLC. KOGER SUBJECT: 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: ÆÐ JGERI HERME Name of Person ROGER HANDYMAN SERVICES FO Firm/Company EFFECTIVE DA BREAKERS  $\mathcal{H}$ Address ROGER E-mail address: (to be used for future embed report notification)

For further information concerning this matter, please call:

at (<u>813</u>) <u>382-3816</u> Area Code & Daytime Telephone Number GERI Name of Pers

Enclosed is a check for the following amount:

□\$125.00 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 Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

revices LLC. HANDYMAN -OGER (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:	1.7/2010
27800 BREAKERS DR. WESLEY CHSPEL, FL	some.	EDATE-SILLE
<u>33544</u>	EFFECIL	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)		individual or another
The name and the Florida street address of the r	registered agent are:	E S
Rogerio Gui	LHERME LED	21
) Name		P OIN

27800 BREAKERS DR. Florida street address (P.O. Box <u>NOT</u> acceptable) WESLEY CHAPEL, FL, 33544 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:

### Title:

### Name and Address:

"MGR" = Manager "MGRM" = Managing Member

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(Use attachment if necessary)

May

ARTICLE V: Effective date, if other than the date of filing: March 17, 2010 - (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.)

ROGGE'S GUILHORUNG L 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)