## L10000087891

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies				
Special Instructions to Filing Officer:				
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W10-	39415	-		

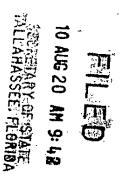
Office Use Only



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D. BRUCE

AUG 23 2010

**EXAMINER** 

## **COVER LETTER**

, TO:

TO: Registration Section Division of Corporations				
SUBJECT: HELPING HAND, LLC.  Name of Limited Liability Company				
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:				
Daniel S. Sanders Name of Person				
Name of Person				
Helping Hand, LLC. Firm/Company				
P.O. BOX 42				
Address				
FLAGLER BEACH, FL 32136				
FLAGLER BEACH, FL 32136  wyndhamhandyman 1 @ verizon. net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Daniel S. Sanders at 804 501 - 88505 F.  Name of Person Area Code & Daytime Telephone Number	ब			
Area Code & Daydine Telephone Number				
Enclosed is a check for the following amount:	3			
\$125.00 Filing Fee \$\textsup \\$130.00 Filing Fee \& \textsup \\$155.00 Filing Fee \& \textsup \\$160.00 Filing Fee, \textsup \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 Li	mited Liability Comp	pany is:					
DAN'S Mu		OUS,	Company, "L.L.C.," o	r "LLC.")			
ARTICLE II - Ad	dress:						
The mailing addres	s and street address o	of the princi	ipal office of the	Limited Liabi	lity Compa	any is	:
Principal Office A	ddress:	<u>N</u>	lailing Address	<u>.</u>			
2601 MOO FLAGLER BO	DY BLVD. ERCH, FL 321	<u>36</u> ]	P.O. BOX Flagler B	42 each, <b>FL</b>	<u>321</u> 36		
(The Limited Liability Co	egistered Agent, Reg mpany cannot serve as its o ctive Florida registration.)						
The name and the F	lorida street address				Ê	Ö A	
	Daniel	5. 50	anders			ALS:	
		Harric			3SE Alli	20	
	2601 M	OODY.	BLUD.			¥	TI I
	Florida :	street address	(P.O. Box NOT ac	cceptable)	15	بغ	
	FLAGLER.	BEACH, FI	32136			₩.	

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## $\label{eq:article_interpolation} \textbf{ARTICLE IV-Manager}(s) \ \textbf{or Managing Member}(s) :$

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Daniel S. Sanders  2601 Moody BLVD.  Flagler Beach, FL 32136
(Use attachment if necessary)	
	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	A
Daniel	S, Sanders er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated he Danie L	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)