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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Forbes Plastering and Handyman Services 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:
James D Forbes ir
Forbes Plastering and Handyman Services LLC.
81 Franciscan Ln.
Palm Coast, FL 32137
Palm Coast, FL 32137 City/State and Zip Code Uforbes 300 Cfl. rr. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Forbes at (386) 585-4787 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Status □\$155.00 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 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:

Forbes Plastering and	Handyman Services	LLC.
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "Ll.C.")	
ARTICLE II - Address:		
The mailing address and street address of the prin	ncipal office of the Limited Liability Com	ipany is:
Principal Office Address:	Mailing Address:	
81 Franciscan Ln.	Same	
Palm Coast, FL 32137		
Palm Coast	red Agent. You must designate an individual or another registered agent are: orbes Lu ress (P.O. Box NOT acceptable) FL 32137	
City, Stat	e, 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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er
MGR	James Forbes 81 Franciscan Ln. Palm Coast FL 32137
LE V: Effective date, if other fective date is listed, the date	than the date of filing: (OPTIONA must be specific and cannot be more than five business days
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONA must be specific and cannot be more than five business days
fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: (OPTIONA

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)