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SECRETARY OF STATE
ANALYSEE FLORIDA

J. SAULSBERRY EXAMINER

FEB 0 8 2011

## **COVER LETTER**

• =		istration Section Ision of Corporations								
	SUBJECT: Honetown Handyman, 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:									
Christopher J. Mericle Name of Person										
Firm/Company  77/2 Sw 32 Nd Lane  Address  Jasper, Fl 32052  City/State and Zip Code  Cimericle agail Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:										
							Christ	Name of Person Area Code & Daytime Telephone Number	AN II: 44	O
							Enclosed is	a check for the following amount:		
							\$125.00 Filin	rig Fee \$\frac{\times \\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}}{\text{Certified Copy (additional copy is enclosed)}}	of Status &	
								Mailing Address Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Mailing 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 i	s:	
Hometown Handyman, (Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
77/2 S w 32 Lane Jasper, Fl 32052	same	<u> </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration.)		
The name and the Florida street address of the	e registered agent are:	AHA:
Christophe J Nam	Mericle	3-1 AHI TARY OF STASSEE, FL
7712 SW 32Nd	Lance address (P.O. Box <u>NOT</u> acceptable)	AM II: 44 OF STATE
	er, Fl. 32052 State, and Zip	DA F
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the a city. I further agree to comply with the performance of my duties, and I am fa	ppointment as e provisions of all miliar with and
Registered Agent's Sign	nature (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 MGR (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher J. Mericle
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)