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(Requestor's Name)	
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PICK-UP	K WAIT	MAIL
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Certified Copies	Certificates of	Status
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11 APR 25 AM ID: 23

SECONDARY OF STATE

ARILANDS SEE: PLEND

COVER LETTER

•	TO:	Registration Division of	n Section Corporations		
	SUBJE	ст: <u>Н.</u>	B Handyman Name of Limited	Liability Company	
	The end	closed Articles	s of Organization and fee(s) are sub	omitted for filing.	
	Please 1	return all corre	espondence concerning this matter	to the following:	
	-	Anal	nelia Hernan	de2	
		H.B	Handyman	rm/Company	
		3424	Old St Augustine	Rd Lot 49 Address	
		Talle	whassee FL City/S	3231\ Itate and Zip Code	
	-	Sam	A A \	hotmail - Comfuture annual report notification)	
	For fur	ther informati	on concerning this matter, please ca	all:	
	An	abelia	Herandez a	at (850) 509- Area Code & Daytime Telep	4593 hone Number
	Enclos	sed is a check	for the following amount:		
Į,] \$125.00) Filing Fee	\$130.00 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 Court Tallahassee, FL 32301	irele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	The name of the Limited Liability Compar	ny is:	
Barrios.	totedo Handyman LLC (Must end with the words "Limited	d Liability Company, "L.L.C.," or "L.LC.")	
	ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal office of the Limited L	iability Company is:
•	Principal Office Address:	Mailing Address:	
		3424 old st Augusti Lot49 Tallahussee 32311	ine Rd - FL
	ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
	The name and the Florida street address of Anabelia	f the registered agent are: Hernandez Name	11 APR 25
	Tallahassee	Hand Resident Resident Proposition Resident Proposition Resident R	ILED 25 Mid:23
	Having been named as registered agent an liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position a	nd to accept service of process for the ed in this certificate, I hereby accept to apacity. I further agree to comply wit lete performance of my duties, and I a	e above stated limited the appointment as the provisions of all am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	nger Inaging Member	Name and Address:	
M612		Anabelia Hernandez 3424 old 3+ Augustine Pd 1 of 49 Tallahassee FL 32311	
MGRI	M	Jorge Hernander 3204 old At Augustine Rd Lot 49 Tarlahassee F1 32311	
			
(Use attachmen ARTICLE V: Effective If an effective date is It or 90 days after the	e date, if other than the da isted, the date must be s	te of filing: <u>April 25, 11</u> . (OPTION pecific and cannot be more than five business d	(AL) ays prior
<u>REQUIRED</u> S	Anabelia	Hesnandel ran authorized representative of a member.	II APR 25
cons I am	ccordance with section 608.40 titutes an affirmation under th aware that any false informat titutes a third degree felony as	28(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true: ion submitted in a document to the Department of States is provided for in s.817.155, F.S.)	AM D: 23

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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