L11000060960

(Requestor's Name)		
(Address)		
(Address)		
(13.100)		
(City/Chate/7/a/Dhana 10		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800207928938

05/23/11--01010--002 **160.00

2011 PLAY 23 PM SE 13

C. LEWIS

MAY 2 4 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: South West Florida 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:			
Corbeil, Stephane Name of Person			
SouthWest Florida Handyman Services Firm/Company			
4008 Chestant Ave.			
Address Surabota/FL 34234 City/State and Zip Code Suf 12 handy man@lkrizon.nct E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Stephene Corbeil at (741) 323-8149 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Sathwest Florida Handyma (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	scipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4008 Chestrut Ave Sarasota, FC 34234	4008 Chestrut Ak. Sarasota, FL 34234
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	
Y008 Chestrut A Florida street addre	ess (P.O. Box NOT acceptable)
	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as

(CONTINUED)

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)

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

PILED

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

2011 HAY 28 PH EN 11

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	SEGRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	Corbeil, Stephane 4008 Chestrul Ave Sajasola, FL 34234	
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: 5.20.20\). (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 of 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.)

011.

yped 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)