L11000136046

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

Office Use Only



900214728829

Effective Date 01/01/12

12/01/11--01003--024 **160.00

FILED
2011 DEC -1 AMIL: 35
SECRETARY OF STATE

J. BRYAN

DEC -2 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Two Guys Handymen Team Name of Limited Liability Company	
The enc	osed Articles of Organization and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
_	Steven Van Vooren Name of Person	
	Name of Person	
_	Fim/Company	
	264 Gibraltar Ct. Unit*103	
_	Address	
-	St. Augustine Fl. 32080	
_	1	しにし
For furth	E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:	
Ste	Name of Person at (386) 566-4548 Area Code & Daytime Telephone Number	
Enclose	d is a check for the following amount:	
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\int \\$155.00 \text{ Filing Fee & Certificate of Status}\$\int \\$Certified \text{Copy} & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\int \\$Certified \text{Copy} & Certified \t	
	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:
Two Guys Handynen Team LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
264 Gibraltar Ct. *103 St. Augustine Fl. 32080 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Effective Date $O'/O//2$
Steven Van Vooren
264 Gibraltar Ct * 103 Florida street address (P.O. Box NOT acceptable)
St. Augustine FL 32080 City, State, 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

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

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

"MGR" = Manager "MGRM" = Managing Member	T 0 11 1	MINDEC -1
MGR	Jesse Berthol	t sing i
		+ SEE, FLORI
		ALC:
	,	
		
(Use attachment if necessary)		

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Steven Van Vooren
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)