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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
DEC 20 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUDSON'S HANDYMAN SERVICES 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:

JOHN W. HUTCHISON

Name of Person

Firm/Company

1 GATESHEAD DR APT 105

Address

DUNEDIN, FL 34698

City/State and Zip Code

HUTCHDUNEDIN@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN W. HUTCHISON

Name of Person

at (727) 453-8324

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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 Circle
Tallahassee, FL 32301

Effective Date

11/1/12

ARTICLES OF ORGANIZATION
OF

HUDSON'S HANDYMAN SERVICES LLC.

ARTICLE 1. NAME

THE NAME OF THE LIMITED LIABILITY COMPANY SHALL BE:

HUDSON'S HANDYMAN SERVICES LLC

ARTICLE II PRINCIPAL OFFICE

**5423 TENNESSEE AVE
NEW PORT RICHEY, FL. 34652**

ARTICLE III PURPOSE

THE PURPOSE OF THIS LIMITED LIABILITY COMPANY IS TO ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE IV NAME AND ADDRESS OF THE REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1) THE NAME OF THE COMPANY IS: HUDSON'S HANDYMAN SERVICES LLC.
- 2) THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

**JOHN W. HUTCHISON
1 GATESHEAD DR APT 105
DUNEDIN, FL. 34698**

HAVING BEEN NAMED AS REGISTERS AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND

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COMPLETE PERFORMANCE MY DUTIES AND I FAMILIAR WITH AND ACCEPT THE OBLIGATIONS
OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F..

SIGNATURE

(REGISTERED AGENT)

DATE

ARTICLE V MANAGER(S) OR MANAGING MEMBERS(S):

MGRM

CODY J. HUDSON
5423 TENNESSEE AVE
NEW PORT RICHEY, FL. 34652

MGRM

JOHN W. HUTCHISON
1 GATESHEAD DR APT 105
DUNEDIN, FL. 34698

ARTICLE VI EFFECTIVE DATE

THE EFFECTIVE DATE, SHALL JANUARY 1, 2012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURES:

CODY J. HUDSON

JOHN W. HUTCHISON

(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..