# #L1200005652

| (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: |   |
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Office Use Only



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IZ JAN TO AN ES 46 SECRETARY OF STATE ALLAHASSEE, FLORIDA

K. SALY EXAMINER JAN 12 2012

## **COVER LETTER**

|      | <b>TO:</b> | Registration Sec<br>Division of Corp |   | <b>,</b>  | ja                         |
|------|------------|--------------------------------------|---|---|----------------------------|
|      | SUBJE      | CT: Harold                           | Austin Handym   | nan LLC.  |                            |
|      |            |                                      |   | ted Liability Compa                                 | ny                         |
|      | The enc    | losed Articles of O                  | rganization and fee(s) are  | submitted for filing                                | j,                         |
|      | Please r   | eturn all correspon                  | dence concerning this mat   | tter to the following                               | :                          |
| ,    | <u> </u>   | Harold Aus                           | stin  |   |                            |
|      |            | . 1                                  |   | Name of Person                                      |                            |
|      | _          | /tAROID                              | Austin  | HO Hdy N  | 1AN                        |
|      |            | 518 McColl                           |   | Thui Company  |                            |
|      | -          |                                      |   | Address   |                            |
|      | N          | Neptune Bea                          | ech, FL 32266   |   |                            |
|      | -          |                                      | Ci  | ty/State and Zip Code                               |                            |
|      | <u> </u>   | na071106@y                           | ahoo.com  E-mail address: (to be used   | For future ennual rano                              | et notification            |
|      | For furtl  | her information cor                  | ncerning this matter, pleas   |   | tt aomeason)               |
|      | Harol      | d Austin                             |   | _ <sub>at (</sub> 904)                              | 241-6315                   |
|      |            | Name of I                            | Person  | Area Code   | & Daytime Telephone Number |
| F=3- |            | ſ                                    | he following amount:  | <b>—</b>  |                            |
|      | N 23.00    | Filing Fee                           | Certificate of Status   | \$155.00 Filin<br>Certified Cop<br>(additional copy | Certificate of Status &    |
|      | · .        | ]                                    | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bo<br>2661 Exe     | of Corporations            |

Ho ph. 904-241-6315

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:



# Harold Austin Handyman 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:        |  |  |
|---------------------------|-------------------------|--|--|
| 518 McCollum Circle       | 518 McCollum Circle     |  |  |
| Neptune Beach, FL 32266   | Neptune Beach, FL 32266 |  |  |
|                           |                         |  |  |

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

(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:

Harold Austin

Name

518 McCollum Circle

Florida street address (P.O. Box NOT acceptable)

Neptune Beach

City, State, and Zip

JAN 10 AM DE 46
LURIE TARY OF STATE
LLAHASSEE, FLORIDA

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)

## 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 Memb          | er  |
| MOD                             | 11 114 6  |
| MGR                             | Harold Austin   |
|                                 | 518 McCollum Circle   |
|                                 | Neptune Beach, FL 32266                                     |
|                                 |   |
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|                                 |   |
| (Use attachment if necessary)   |   |
|                                 |   |
| LEV: Effective date if other t  | than the date of filing: 01/03/2012 (OPTIONA                |
|                                 | must be specific and cannot be more than five business days |
| days after the date of filing.) | must be specific and cannot be more than five business day. |
| days after the date of fining.  |   |
|                                 |   |
|                                 |   |
| <b>REQUIRED SIGNATURE:</b>      |   |
| _                               | Hald Engla  |
| / \                             |   |

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 §817.155, F.S.)

gree reiony as provided for in 4 of 7.155, 1.5.)

Typed or printed name of signe

### 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)