# \*L12000065289

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(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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K.SALY EXAMINER MAY 15 2012

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT	Andyman's 1	Landscape,	Handy Man 4 conce	ete LLC
	Name of Limi	ted Liability Company		
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.		
Please retu	arn all correspondence concerning this ma	tter to the following:		
	Andrew Lo	W		
		Name of Person		
		Firm/Company		
	4696 copole	Stone Ln		
		Address		
	Tulla Hassee F	72. 3230	5	
	Tulla Hassee For an 49 D L. E-mail address: (to be used)	Ve, Com  Tor future annual report notific	cation)	-
	r information concerning this matter, plea			
ANC	Name of Person	at ( <b>850</b> ) <b>S</b> Area Code & Dayt	28-80-25 ime Telephone Number	
	is a check for the following amount: iling Fee \$\sum_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee of Certified Copy (additional copy is enclosed)	Certificate of Status &	
	Mailing Address  Registration Section	Street/Courier A		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 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:

Ancy mon's Landscape Handsmant concrete 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:

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:

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

This hassee FL 32305

City, State, and Zip

Having been named us 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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

<u> Citle:</u>	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
Wididat — Wanaging Wichidel	
MGBM	Andrew Low
	4646 CABBIOSTOSELA TAIL. FL 32305
	141/- 26 323 65
MGRIVI	GOODON ANDIOWS
	4696 COBSICSTONE LA
	Tall. FL. 32305
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
•	
LE V: Effective date, if other than	the date of filing: (OPTIO
fective date is listed, the date mu days after the date of filing.)	st be specific and cannot be more than five business
days after the date of fining.	
DECUIDED GLON LEUDD	
REQUIRED SIGNATURE:	`
il Ma	
1,000	ember or an authorized representative of a member.

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)