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SECRETARY OF STATE
SECRETARY OF STATE

W12-42149

COVER LETTER

Division of Corporations
SUBJECT: Soe. The Handyman 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:
Joseph E Byler
Joe The Handyman LLC
311 N. Bradford Ave.
Tampa FL, 33609 City/State and Zip Code
Joe Byle Qyahio. Com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEPH Byler at (813) 778 1079 Name of Person at (813) 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{S160.00 Filing Fee, 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:

Joe the 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:

ū		• • •
Principal Office Address:	Mailing Address	<u>s:</u>
311 N. Bradford Ave Tampa FL 33609	311 N.B Tampa Fl	radford Ave 33609
0 0	ent, Registered Office, & Registered as its own Registered Agent. You must destration.)	<u> </u>
The name and the Florida street a	address of the registered agent are	
Joseph	Sylen Name	AUG 29 CRETARY LAHASSI
	N. Bradford Ave	
+	Florida street address (P.O. Box NOT a	cceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

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	Name and Address:
<u>MGR</u>	Joe E Byler 311 N. Brad ford Ave Tampa FL 33609
(Use attachment if necessary)	
FICLE V: Effective date, if other than the	
r 90 days after the date of filing.)	be specific and cannot be more than five dusiness days
r 90 days after the date of filing.) REQUIRED SIGNATURE:	M Bh
Signature of a member of a mem	28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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)