

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(2.5,			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
SEP. 1 2012			
L. SELLERS			
, _			
40100			





SECRETARY OF STATE TALL SHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C				; ;
_{SUBJECT:} Juan	Perez handyman	service		
3000001		d Liability Compa	ny	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing		
Please return all corres	pondence concerning this matte	r to the following		
Juan Pe	rez			
		Name of Person		
Juan Pe	rez handyman ser	vice		
		Firm/Company		·
212 Lab	elle ave			
		Address		
Fast fort m	nyers fl 33905			
Last fort if		State and Zip Code	 	
	E-mail address: (to be used fo	r future annual repo	rt notification)	
For further information	concerning this matter, please	call:		
Juan Perez		at (239	645-3392	
Name	of Person	Area Code & Daytime Telephone Number		hone Number
Enclosed is a check f	or the following amount:			
√ \$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y	\$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	Registration Division of Clifton Bu 266! Exec	of Corporations	rcle



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2012

JUAN PEREZ 212 LABELLE AVENUE EAST FORT MYERS, FL 33905

SUBJECT: JUAN PEREZ HANDYMAN SERVICE, LLC

Ref. Number: W12000038389

We have received your document for JUAN PEREZ HANDYMAN SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 212A00019226



August 9, 2012

JUAN PEREZ 212 LABELLE AVENUE EAST FORT MYERS, FL 33905

SUBJECT: JUAN PEREZ HANDYMAN SERVICE, LLC

Ref. Number: W12000038389

We have received your document for JUAN PEREZ HANDYMAN SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 312A00020644

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Juan Perez Handyman Service, LLO (Must end with the words "Limited Liability Company, the abbrevia	tion "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Juan Perez Handyman Service, LLC	Juan Perez Handyman Service, LLC
212 Labelle Ave.	212 Labelle Ave. Fort Myers, FL 33905
Fort Myers, FL 33905	Fort Myers, PL 33903
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration. Juan J. Perez	Agent. You must designate an individual or another
	ame
11	
212 Labelle Ave.	
Florida street address (P.	O. Box NOT acceptable)
Fort Myers	FL 33905
City, Sta	te, and Zip
company at the place designated in this certificate, I agree to act in this capacity. I further agree to comp proper and complete performance of my duties, and position as registered agent as provided for in Chapt Registered Age	am familiar with and accept the obligations of my er 608, F.S
(CC	ONTINUED)

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:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Manag	ing Member		
MGR	Juan J. Perez		
IVIOR			
	212 Labelle Ave.		
	Fort Myers, FL 33905		
(Use attachment if r	ecessary)		
•	• /		
ARTICLE V: Effective of	late, if other than the date of filing: 8/24/2012.		
	(OPTIONAL)		
(The effective date: 1) ca	nnot be prior to nor more than 90 days after the date this document is filed by		
the Florida Department	of State; AND 2) must be the same as the effective date listed in the attached		
	, if an effective date listed therein.)		
	,		
REQUIRED SIGNATU	RE:		
•			
410	M. Q 1 07 S		
Signature of	a member or an authorized representative of a member.		
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under		
document to the Depart	that the facts stated herein are true. I am aware that any false information submitted in a ment of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
document to the Bepart	mont of Batto constitutes a time degree follow, we provided to the second of the secon		
Juan J. F	Perez		
<u> </u>	Typed or printed name of signee		