L13000059100

(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:

Office Use Only



700247025847

700247025847 04/22/13--01017--023 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I3 APR 22 AM ||: 49 ECRETARY OF STATE

B. BOSTICK
APR 2 3 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

Mayrestia Handy man Services

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:

estic Handyman Services

misty whitaker 142 yahoo. Com
E-mail address. (to be used for future annual saylor notification)

For further information concerning this matter, please call:

Richard D. Whitaker Jr. 850-983-1612

Enclosed is a check for the following amount:

Certificate of Status Certified Copy Certificate of □ \$160 00 Filing Fee, Certificate of Status &

Certificate of Status &

Certified Copy (additional copy is anclosed)

(additional copy is enclosed)

Mailing Address Registration Section Division of Corporations P.O. Box 6327

Street/Courier Address Registration Section Division of Corporations Clifton Building

6

Tallahassee, FL 32314

The name of the Limited Liability Company is:

ARTICLE I - Name:

Name

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Majestic Handy	nan Scivices LC sted Liability Company, "1.1.C." or "LLC.")
(Must end with the world-Lim	ited Liability Company, "L L.C.," or "LLC.")
,	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6524 CAY Pd.	ssay con Rd.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designed an individual or mother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Majestic Stucco and Repair UC

5524 Cox Rd.

Florida street address (PO Box NOT scorptable)

Milton Fl. Fl. 32583

City. State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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.

Richard Little Sn Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE

(CONTINUED)

Page 1 of 2

. ARTICLE IV- Manager(s) or Managing Member(s):

Title:

"MGR" = Manager

"MGRM" = Managing Member

Richard Dale whitaker Jr.

\$524 cox Rd.

Mittor Fl. 32583

Last 4 of 35 # 9110

Florida ID # W326.74487-132

O David Micheal Nordby Jr.

3034 Adams Rd.

Pace Fl. 33571

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REOURED SIGNATURE:

Lada Adams Ld.

Signature of a member or an authorized representative of member.

(In accordance with section 608.408(3), Florida Stantes, 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 under the penalties of perjury that the facts stated herein are true.

constitutes a third degree felony as provided for in \$ 817.155, F.S.)

Typed or printed name of signee

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

SECRETARY OF STATE