

L13000065981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

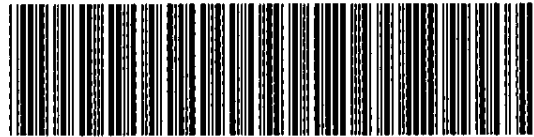
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
2013 MAY -6 PM 03:36
10 ALABAMA STREET
BUREAU OF FILING

FILED
13 MAY -3 PM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

C. LEWIS
MAY 6 - 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIM'S HANDYMAN 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:

(JIM) JAMES SAUNDERSON
Name of Person

JIM'S HANDYMAN SERVICES
Firm/Company

578 Alligator DR.
Address

Alligator PT FL. 3223 32346
City/State and Zip Code
NA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hoyle L Mathis at (850) 363-8774
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

Street/Courier Address
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:

JIM'S HANDYMAN SERVICES L.L.C.

(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:

578 Alligator DR.
Alligator PT. FL 32346

Mailing Address:

578 Alligator DR.
Alligator PT. FL 32346

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:

JAMES SAUNDERSON
Name

578 Alligator DR.
Florida street address (P.O. Box **NOT** acceptable)

Alligator PT. FL 32346
City, State, and Zip

FILED
13 MAY -3 PM 10:00
SECRETARY OF STATE
TALLAHASSEE 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..

James Saunders
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:

FILED

13 MAY -3 PM 10: 00

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Title:

"MGR" = Manager

"MGRM" = Managing Member

M G R M

MGRM

Name and Address:

JAMES SAUNDERSON

578 Alligator DR

Alligator PT. FL 32346

Hoyte L Mathis

10 Mathis Rd

Sopchoppy Fla 32358

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

REQUIRED SIGNATURE:

James Sanderson
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 s.817.155, F.S.)

JAMES SAUNDERSON
Typed or printed name of signer

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)