

L13000109925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

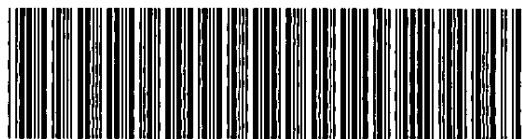
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900249945449

08/05/13--01003--004 \*\*50.00

08/05/13--01003--005 \*\*75.00

APPROVED  
AND  
FILED  
RECEIVED  
13 AUG -5 AM 9:47  
13 AUG -5 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

B. BOSTICK

AUG - 5 2013

EXAMINER

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mr. HandyMan  
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:

MATTHEW D. SHELLEY  
Name of Person

MR. HANDYMAN  
Firm/Company

4564 AMBER VALLEY DR.  
Address

TALLAHASSEE, FL. 32344  
City/State and Zip Code

MATT.N. SHEENA@icloud.com  
E-mail address: (to be used for future annual report notification)

13 AUG -5 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

For further information concerning this matter, please call:

MATTHEW D. SHELLEY at (850) 661-4618  
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:

Mr. Handy Man 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:

4564 Amber Valley Dr.  
Tallahassee, FL 32312

### Mailing Address:

4564 Amber Valley Dr.  
Tallahassee, FL 32344

## 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:

Matthew D Shelley  
Name

4564 Amber Valley Dr  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32312  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 AUG -5 AM 9:56

APPROVED  
AND  
FILED

*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..*

Matthew D Shelley  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

~~MGR~~

~~DOOR~~

MGR

SHEENA CAMPBELL  
4564 Amber Valley Dr.  
Tallahassee, FL. 32344

MGRM

Brian Robinson  
402 E. Broadford Rd.  
Tallahassee, FL. 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 AUG - 5 AM 9:56

APPROVED  
AND  
FILED

(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:**

  
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.)

  
Typed or printed name of signee

**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)