13000115366

(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



600250169776

Effective Date 08/07/13

08/14/13--01026--012 **125.00

FILED
2013 AUG 14 PK 1: 38
SECTETARY OF STATE
SECTETARY OF STATE

AUG 1 5 2013 J. BRYAN

COVER LETTER

TO:	Registration Division of C			
SUBJE	F.B.	Handyman, L	LC	
SUBJE			ted Liability Company	
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	1913 AUG 14 P
Please	return all corres	pondence concerning this mat	ter to the following:	EC.
	Felipe	Bravo		#50.00 #50.00
			Name of Person	
			Firm/Company	
	5940 S	tatler Ave	<i>гипи</i> сопірану	7
-	···		Address	
	Orlando	o FL 32809		
-		Ci	ty/State and Zip Code	
-		E-mail address: (to be used	for future annual report notification)	
For furt	her information	concerning this matter, please	e call:	
Ane	el Bravo		407 \ 797-04	17
	Name	of Person	Area Code & Daytime Telepi	hone Number
Enclose	ed is a check f	or the following amount:		
■\$ 125.0	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 Ci Tallahassee, FL 32301	rcle

ARTICLE I - N			
ARTICI		any is:	
The name of the	Limited Liability Compa	any is:	ላ
			``
F.B. Handyman, LL	c		
		ed Liability Company, "L.L.C.," or "LLC.")	
	,	O.F.	
ARTICLE II -	Address:		
The mailing add	ress and street address of	f the principal office of the Limited Liability Company is:	
Principal Offic	e Address:	Mailing Address:	
5940 Statler Ave		5940 Statler Ave	
Orlando FL 32809		Orlando FL 32809	
business entity with	an active Florida registration.)	The Registered Agent. You must designate an individual or another Effective Date 08/07// of the registered agent are:	3
		Name	
	5940 Statler Ave	Name	
		treet address (P.O. Box NOT acceptable)	
	Florida st	treet address (P.O. Box <u>NOT</u> acceptable)	
	Florida st Orlando		

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
\ = =	The terms of the t
MGR/MGRM	Felipe Bravo
	5940 Statler Ave
	Name and Address: Felipe Bravo 5940 Statter Ave Orlando FL 32809
	Mig
(Use attachment if necessary) LE V: Effective date, if other than t ffective date is listed, the date many	the date of filing: 8/7/13 (OPTIONAL) ust be specific and cannot be more than five business
or 90 days after the date of filing. REQUIRED SIGNATURE;	
	i Band
Signature of a mem	ber or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. In a document to the Department of State only as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)