L13000/25542

(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: Fer Anthony Humphrey Remove Effective Date TH
·

Office Use Only



900251055209

08/26/13--01010--019 **155.00

FILED

13 SEP -4 PH 2: 36

SEURETARY OF STATE
FALLAHASSEE EL CORE.

SEP - 5 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAIT'S HANDYMAN LLC 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:
ANTHONY Humphrey Name of Person
CAIT'S HANDYMAN LLC Firm/Company
6184 CORNELL ROAD
Keystone Helatts, FL 32656 City/State and Zip Code bones 12860@gmail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arca Code & Daytime Telephone Number
Enclosed is a check for the following amount:
125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CAIT'S HANDY,	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Keystone Heights, FL 32656	6184 CORNELL ROAD Keystone Heights FL 32656
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
ANTHONY Hump Name	HERY
Name	
6184 CORNELL	ress (P.O. Box NOT acceptable)
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Keystone Heights City, Sta	FL 3 26 51 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	ccept service of process for the above stated limited in certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	Ire (REQUIRED)
(CONTINU	EP -4 PM ETARY OF S HASSEE, FI
Page 1 of 2	PH 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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ANTHONY Humphrey 6184 Cornell ROAD Keystone Heights, FL 32656
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.)	the date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNATURE: Constitutes an affirmation under I am aware that any false inforconstitutes a third degree felometric date.	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNATURE: Constitutes an affirmation under I am aware that any false inforconstitutes a third degree felometric date.	set be specific and cannot be more than five business ber or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNATURE: Constitutes an affirmation under I am aware that any false inforconstitutes a third degree felometric date.	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may false information under the section of a may false information that any false information that are that	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNAPURE: Signature of a membration under I am aware that any false infor constitutes a third degree felomation that it is a third degree felomation. Filing Fees: \$125.00 Filing Fee for Articles of Orgor of Registered Agent	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNAPURE: Signature of a member of a may false information under the second of the secon	set be specific and cannot be more than five business ber or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.