LI3000136331

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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09/25/13--01020--017 **155.00

EFFECTIVE DATE 91-23-13

2013 SEP 25 PM 1: 10 SECRETARY OF TAIL TALLAHASSEE, FI ORINA

B. BOSTICK
SEP **2 6** 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Helping Hands Repairs 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:
Juanita Jones-Write Name of Person
Helping Hands Reparks Firm/Company
1748 NW 55th ave suite 203
Laudahill Fl. 33313
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
June of Person Area Code & Daytime Telephone Number 9
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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:	
Helpins Hend with the words "Limited Liabil	lityACompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1748 NW 55thave Suite 203	1748 NW 55 auc Suite 203
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist	
business entity with an active Florida registration.)	

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

Florida street address (P.O. Box NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 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 Mambar	Name and Address:
"MGRM" = Managing Member	Juanitationes-White 1748 N.W 55 th ave 203 Laudeshill Fl. 33313
	TA 5
	SEP 25 PM
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must prior to or 90 days after the date of filing.)	e date of filing: 9/23/13. (OPTIONAL) st be specific and cannot be more than five business day

REOUIRED 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 conditutes 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)

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