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Certified Copies	_ Certificates	of Status
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W13-55144



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2013

TLAN

LLAN SALMAN 10768 NW 17TH ST. CORAL SPRINGS, FL 33071

SUBJECT: ELI HANDYMAN, LLC Ref. Number: W13000055144

We have received your document for ELI HANDYMAN, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608 406,8 Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P12000060148.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 2, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00023305



COVER LETTER

10:	Division of Co				
SUBJE	Eli H	andyman, LL	С		
30032			ed Liability Compa	any	
The end	closed Articles o	f Organization and fee(s) are s	submitted for filing	e.	
		ondence concerning this matt			
	Ilan Sal	-	v	•	
	ilali Sai	111011	Nove - CD-1000		
			Name of Person		
			Firm/Company	<u> </u>	
	10768 I	NW 17th St.			
			Address		
	Coral S	prings, FL 33	071		2
		Cit	y/State and Zip Code	2	111 OCT 24
	tamuz57	'@gmail.com			<u> </u>
		E-mail address: (to be used t	for future annual repo	ort notification)	
For fur	ther information	concerning this matter, please	call:		R I
llar	ı Salma	n	702	,415-8855	PH 1:28
	Name	of Person		& Daytime Telephone Numb	er Sty.
Enclos	sed is a check for	or the following amount:			
■\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	py Certifica y is enclosed) Certified	ate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations suilding ecutive Center Circle see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Co	ompany is:
-Eli Handyman, LLG GE Ha (Must end with the words "I	ndyman & Move, LLC Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10768 NW 17th St Coral Springs, FL 33071	10768 NW 17th St. Coral Springs FL 33071
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as business entity with an active Florida registratio) The name and the Florida street address llan Salman	ess of the registered agent are:
10768 NW 17th St	SSERY 22
Coral Springs	City, State, and Zip
liability company at the place desi registered agent and agree to act in all statutes relating to the proper a	gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with sition as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Fitle:</u> 'MGR" = Manag	Name and Address:	
'MGRM" = Mar		
MGR	llan Salman	
	10768 NW 17th St.	
	Corai Springs, FL 33071	_
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