

L13000168500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

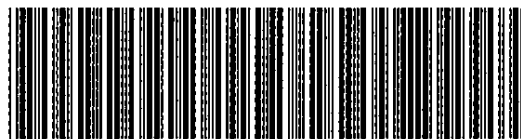
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253953002

12/04/13--01012--019 **130.00

Effective Date

12/20/13

FILED

2013 DEC -4 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 5 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luis & James Hands of Comfort, 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:

Leonard J. Barnes
Name of Person

Luis & James Hands of Comfort
Firm/Company

1400 - 31st St South
Address

St Petersburg, FL 33712
City/State and Zip Code

leonard.barnes5@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonard J. Barnes at (727) 492-1248
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

Effective Date

12/20/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Luis & James Hands of Comfort, 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:

1400 31st St South
St Petersburg, FL
33712

Mailing Address:

1400 - 31st St South
St. Petersburg, FL
33712

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:

Leonard J. Barnes

Name

1400 - 31st St. South

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

St. Petersburg, FL 33712

City, State, and Zip

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 DEC -4 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C. Luis McTier, Jr
1400 - 31st Street South
St. Petersburg, FL 33712

MGR

Leonard J. Barnes
1400 - 31st Street South
St. Petersburg, FL 33712

MGRM

Cynthia A. McTier
3603 Nassau Dr
Augusta, Ga 30909

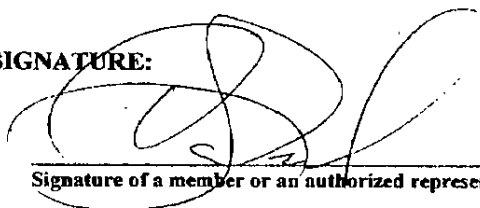
MGRM

Aaron L. McTier
3603 Nassau Dr
Augusta, Ga 30909

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 20 Dec 2013 (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.)

C. Luis McTier, Jr

Typed or printed name of signer

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)

FILED
2013 DEC -4 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA