# LIHOOOOASON

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,
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Office Use Only

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# STEVEN'S HANDYMAN SERVICES,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:

Stephe	n Rock					
<del></del>		Name of Person			· · · · · · · · · · · · · · · · · · ·	
Steven	's Handyman	Services	s,LLC			
<del>,</del> ,		Firm/Company			<u> </u>	
9430 P	oinciana Plac	е				
**************************************		Address				
Davie, F	FI 33324					
	Cit	y/State and Zip Cod	je			
bajanras1	6@yahoo.com					
	E-mail address: (to be used to	or future annual rep	port notification)	1		•
For further information	concerning this matter, please	call:			2018	
Stephen F	Rock	954	830-6	368	<b>F</b>	7 T
Name	of Person	Area Cod	le & Daytime Tel	ephone Number	30	') barre
Enclosed is a check f	or the following amount:					T
<b>□\$</b> 125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional co	_	Certified C	of Status &	There was
		au	~			

#### **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

STEVEN'S HANDYMAN	<del> </del>		
(Mus	st end with the words "Limited Liai	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		principal office of the Limited Lia	bility Company is:
Principal Office Ac	ddress:	Mailing Address:	
9430 Poinciana Place		9430 Poinciana Place	
Davie,FI 33324		Davie,FI 33324	
	lorida street address of the Stephen Rock		AHUSSE VAHUSSE
	14411		
-	9430 poinciana Place		## 12: 05 PH 12: 05 @E \$1ATE E FLORIO
		ddress (P.O. Box NOT acceptable)	<b>3</b> 55
	Davie,FI 33324	FL	·
	City, t	State, and Zip	
liability compan registered agent a all statutes relatir	y at the place designated in nd agree to act in this capa ng to the proper and compl	o accept service of process for the a n this certificate, I hereby accept th ncity. I further agree to comply wit ete performance of my duties, and registered agent as provided for in	e appointment as th the provisions of I am familiar with

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE U/01/14

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
MGR	Stephen Rock
	9430 Poinciana place
	Davie, FI 33324
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
<del></del>	
· · · · · · · · · · · · · · · · · · ·	**************************************
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LE V: Effective date, if other t	than the date of filing: 01/01/2014
	te must be specific and cannot be more than five business
LE V: Effective date, if other t	te must be specific and cannot be more than five business
LE V: Effective date, if other t	te must be specific and cannot be more than five business iling.)
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LE V: Effective date, if other t ffective date is listed, the dat or 90 days after the date of fine the date	te must be specific and cannot be more than five business slling.)
LE V: Effective date, if other t ffective date is listed, the dat or 90 days after the date of fine the date	te must be specific and cannot be more than five business illing.)  All
LE V: Effective date, if other to fective date is listed, the date or 90 days after the date of fine the dat	te must be specific and cannot be more than five business illing.)  All
LE V: Effective date, if other to fective date is listed, the date or 90 days after the date of fine REQUIRED SIGNATURE:  Signature of a (In accordance with see constitutes an affirmation I am aware that any false)	te must be specific and cannot be more than five business illing.)  All
LE V: Effective date, if other to fective date is listed, the date or 90 days after the date of fine REQUIRED SIGNATURE:  Signature of a (In accordance with see constitutes an affirmation I am aware that any false)	member or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of States ee felony as provided for in s.817.155, F.S.)

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)