

L14000006542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

L14-6542
(Business Entity Name)

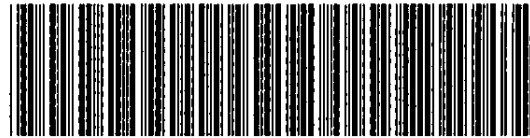
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kevin O'Pry called 1/14/14
said it was OK for
me to delete 602
or insert 605 up

Office Use Only



400255149324

FILED
14 JAN - 2 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/02/14--01028--004 **125.00

p/c

JAN 14/2014
N. CAUSSEAU

L14-6542

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Handyman Services by Kevin, 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:

Kevin O'Peay
Name of Person

Handyman Services by Kevin
Firm/Company

6668 Stewart Street
Address

Milton FL 32570
City/State and Zip Code

Kevinopeay84@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin O'Peay at (850) 748-6364
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

KEVIN O'PRY
6168 STEWART ST
MILTON, FL 32570

SUBJECT: HANDYMAN SERVICES BY KEVIN LLC
Ref. Number: W14000001467

We have received your document for HANDYMAN SERVICES BY KEVIN 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 614A00000542

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Handyman Services by Kevin 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:

6168 Stewart St.
MILTON FL 32570

Mailing Address:

6168 Stewart St.
MILTON FL 32570

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:

~~Kevin~~ Cindy Lowrey
Name

6168 Stewart Street
Florida street address (P.O. Box **NOT** acceptable)
MILTON FL 32570
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 605, F.S..

Cindy Lowrey
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

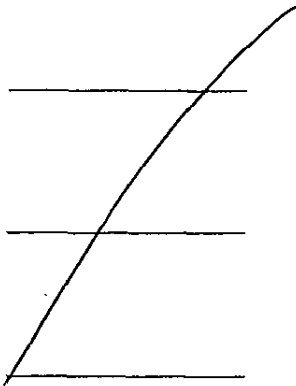
"MGR" = Manager

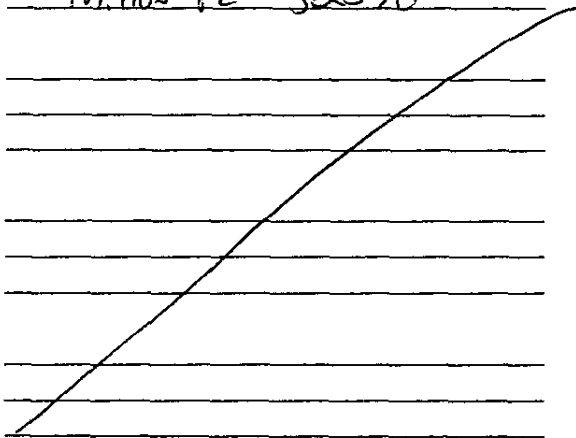
"MGRM" = Managing Member

Name and Address:

MGR

Kevin O'Peay
6168 Stewart St.
M.IND FL 32520



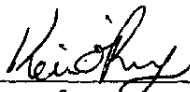


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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 605, 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.)

Kevin O'Peay
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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA