## L14000009573

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SEURCHARY OF STATE
TALL MIASSEE, FLORIDA

N. Culfigan JAN 172014

(850) 245-6051.

## **COVER LETTER**

	ation Section n of Corporations	
SUBJECT:	Name of Limited Liability Con	Handyman Services, L
The enclosed Artic	icles of Organization and fee(s) are submitted for fill	ing.
Please return all co	correspondence concerning this matter to the following	ng:
Edu	Ward P. Affaro Name of Person	
EΨ	T'S Handyman Se	rvices, LC
140	O Seawolf Trail N	
Jack	Sonville, FL 32221 City/State and Zip Co	ode
ET	Handuman Services @ e E-mail address: (to be used for future annual re	smail. com
For further inform	nation concerning this matter, please call:	
Edward		de & Daytime Telephone Number
Enclosed is a che	neck for the following amount:	
□\$125.00 Filing	Certificate of Status Certified C	
		Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
•	

(Must end with the words Limited Liability Company, "L.L.C." or "L.L.C.")

## **ARTICLE II - Address:**

**ARTICLE I - Name:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 

**Mailing Address:** 

Ext's Handyman Services, LLC 14100 Seawolf Tr. D JACKSON VILLE, FL 32721

E +T's Handyman Services, LLC 1460 Seawolf Tri N Jacksonville, CL 32221

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:

Edward P. Alfaro

141eO Seawolf Tr1 N

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

Jacksonville FL 32881

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

	nager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Edward P. Alfaro 1460 Spawolf Trl. N Jacksonville, FL 37221
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than to (If an effective date is listed, the date may prior to or 90 days after the date of filing.	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days )
REQUIRED SIGNATURE:	
Signature of a mem	iber of an authorized representative of a member.
constitutes an affirmation un I am aware that any false info	608.408(3). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
Edward	ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  P. AFOVO  Typed or printed name of signee
Filing Fees:	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)