Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000050419 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### FLORIDA LIMITED LIABILITY CO. HANDY MANLY CONSTRUCTION LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

## H14000050419

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Handy Manl	y Construction LLC
(A)	fust end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and		incipal office of the Ulmited Liability Company is:
Principal Office Address:		Mailing Address:
21881 SW 129th Place Miami, Florida 33170		21881 SW 129th Place Mlami, Florida 33170
-	with an active Florida r	egistored agent are:
-	da street address of the t	egistration.) egistored agent are: artha C. Pelletier Name
-	da street address of the t	egistration.) egistored agent are: artha C. Pelletier
-	da street address of the t	egistration.) egistored agent are: artha C. Pelletier Name 31 SW 129th Place
-	da street address of the to M. A.	egistration.)  egistration.  egistrat

(CONTINUED)

Page 1 of 2

FILED
2014 FEB 28 AM 7: 30
SECRETARY OF STATE

# H14000050419

		Name and Address:		
'AMBR" ~ Authorized N 'MGR" ~ Manager	//emper			
President		Javier Pelletie	F	
		21881 SW 1291		
,		Miami, Florida 3	3170	
MGR ··		Martha Pelletie	•	
		21881 SW 129th Place		
		Miami, Florida 33		
	•			
<u>-</u> (1714) <u>- 1714 - 17</u>				
Use attachment if necess	ary)			
VI: Other provisions, if	•			
REQUIRED SIGNATU	RE:	~ .¢		
<u>required</u> signatu	re: 1artha	Pelletier		
Sig	1artha nature of a member o	Pelleter r an authorized representative of a	member,	
Sig (In accordance	1artha nature of a member o with section 605.0203	r an authorized representative of a r (1) (b), Florida Statutes, the execution	of this document	
Sig (In accordance constitutes an a	nature of a member o with section 605.0203 ffirmation under the pe	r an authorized representative of a r (1) (b), Florida Statutes, the execution malties of periory that the facts stated !	of this document nerein are true.	
Sig (In accordance constitutes an a I am aware that	nature of a member o with section 605.0203 ffirmation under the pe	r an authorized representative of a re (1) (b), Florida Statutes, the execution malties of perjury that the facts stated I submitted in a dopument to the Depart	of this document nerein are true.	
Sig (In accordance constitutes an a I am aware that	nature of a member o with section 605.0203 ffirmation under the pe	r an authorized representative of a r (1) (b), Florida Statutes, the execution malties of periory that the facts stated !	of this document nerein are true.	
Sig . (In accordance constitutes an a I am aware that	nature of a member of with section 605.0203 affirmation under the personal degree felonials produced by the section of the personal degree felonials and degree felonials are produced by the section of	r an authorized representative of a self) (b), Florida Statutes, the execution malties of perjury that the facts stated submitted in a document to the Depart wided for an self. 135, F.S.)	of this document nerein are true.	
Sig (In accordance constitutes an a I am aware that	nature of a member of with section 605.0203 affirmation under the personal degree felonials produced by the section of the personal degree felonials and degree felonials are produced by the section of	r an authorized representative of a re (1) (b), Florida Statutes, the execution malties of perjury that the facts stated I submitted in a dopument to the Depart	of this document nerein are true.	
Sig (In accordance constitutes an a I am aware that constitutes a thi	nature of a member of with section 605.0203 affirmation under the personal degree felonials produced for the personal felonials produced felonials from the felonials fe	r an authorized representative of a second of the control of the c	of this document nerein are true. ment of State	
Sig (In accordance constitutes an a I am aware that constitutes a thi	nature of a member of with section 605.0203 iffirmation under the per apprehishing information is produced felonials produced f	r an authorized representative of a re (1) (b), Florida Statutes, the execution malties of perjury that the facts stated is submitted in a document to the Depart wided for in s. 111.135, F.S.)  I or printed name of signee	of this document nerein are true. ment of State	
Sig (In accordance constitutes an a I am aware that constitutes a thin constitutes a thin constitutes a secondary for the secondary for th	nature of a member of with section 605.0203 iffirmation under the personal degree felonials produced felonials feloni	r an authorized representative of a second of the control of the c	of this document nerein are true. ment of State	
Sig (In accordance constitutes an a I am aware that constitutes a thi	nature of a member of with section 605.0203 iffirmation under the personal degree felonials produced felonials feloni	r an authorized representative of a second of the control of the c	of this document nerein are true. ment of State	
Sig (In accordance constitutes an a I am aware that constitutes a thin constitutes a thin constitutes a secondary for the secondary for th	nature of a member of with section 605.0203 iffirmation under the personal degree felonials produced felonials from the felonials felon	r an authorized representative of a second (1) (b), Florida Statutes, the execution malties of perjury that the facts stated is submitted in a document to the Depart evided for an self (1.15), F.S.)  I or printed name of signee  Filing Fees: ion and Designation of Registered A	of this document nerein are true. ment of State	
Sig (In accordance constitutes an a I am aware that constitutes a thi	nature of a member of with section 605.0203 iffirmation under the personal degree felonials produced felonials from the felonials felon	r an authorized representative of a second of the control of the c	of this document nerein are true. ment of State	

H14000050419

FILED

WFEB 28 AM 7: 30

ECRETARY OF STATE

OF ATTACHMENT AND A STATE

OF A