

L140000038916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

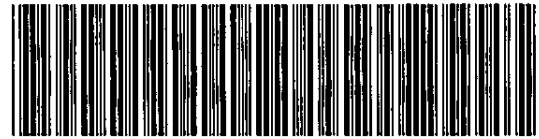
(Business Entity Name)

(Document Number)

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02/25/14--01020--021 **130.00

EFFECTIVE DATE
3-3-14

FILED
14 MAR -5 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1111-12578

MAR - 7 2014
T. BROWN

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sam Adams Handyman Service L.L.C.
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:

Samuel Adams
Name of Person

Sam Adams Handyman Service L.L.C.
Firm/Company

P.O. Box 1987 Santa Rosa Beach
Address

FL 32459
City/State and Zip Code

Samuel Adams 46 @ AOL - com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Adams at (850) 687-7382
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

February 26, 2014

SAMUEL ADAMS
SAM ADAMS HANDYMAN SERVICES L.L.C.
PO BOX 1987
SANTA ROSA BEACH, FL 32459

SUBJECT: SAM ADAMS HANDYMAN SERVICES L.L.C.
Ref. Number: W14000012578

Upon receipt of your letter and/or check(s) totaling \$130.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 914A00004290

EFFECTIVE DATE
3-3-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sam Adams Handyman Services L.L.C.
(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:

130 Thompson Rd
Santa Rosa Beach Fl.
32459

Mailing Address:

P.O. Box 1987
Santa Rosa Beach
Fl. 32459

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:

Samuel Adams
Name

130 Thompson Rd
Florida street address (P.O. Box NOT acceptable)

Santa Rosa Beach Fl. 32459
City 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..

Samuel Adams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

Name and Address:

Samuel Adams
130 Thompson Rd
Santa Rosa Beach FL 32459

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3, 3, 14 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Samuel Adams

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Samuel Adams
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)

CK# 2542