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J. Shivers MAY 1 9 20147

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M J King's LLC	
Name of Limited Liability Company	<i>'</i>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jerry L. King Name of Person	
M J King's handyman service LLC Firm/Company	
• •	
3617 Calloway dr	
Address	
Orlando, fl. 32810 City/State and Zip Code	-
Chyrotate and zip code	
ikcolt@live.com E-mail address: (to be used for future annual repo	rt notification)
For Sinthan information consequence this matter along colli	,
For further information concerning this matter, please call:	
tom-1/5mm	
Jerry King at (407) 450-604; Name of Person Area Code , Da	ytime Telephone Number
Enclosed is a check for the following amount:	٠
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& Certificate of Status \$\Bigcup \\$155.00 Filing Fee \& Certified Copy (additional copy is en	Certificate of Status &
Mailing Address Street/Cou	rie <u>r Address</u>
Registration Section Registration	Section
Division of Corporations Division of	Corporations
P.O. Box 6327 Clifton Bui Tallahassee, FL 32314 2661 Execu	lding utive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
M J King's handyman service LLC		
(Must end with the words "I	imited Liability Company, "L.L	.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the prin	cipal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
3617 Calloway dr	Same	
Orlando, Fl. 32810		
ARTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as in another business entity with an active Florida region. The name and the Florida street address of the regions.	ts own Registered Agent. You n istration.)	
lorn, King		
Jerry King	Name	
3617 Çalloway dr		
	O. Box NOT acceptable)	
Orlando	FL 32810	
City	Zip	
Having been named as registered agent and to ac the place designated in this certificate, I hereb, capacity. I further agree to comply with the pro- of my duties, and I am familiar with and accept	y accept the appointment as registions of all statutes relating to t	stered agent and agree to act in this he proper and complete performance
Registered Agent'	Scienatura (REQUIRED)	SECRETARY -
(CON	TINUED)	ST OF Second
P:	age 1 of 2	AN IO: L

Title:	Name and Address:	
"AMBR" = Authorized Member		•
"MGR" = Manager		
<u>MGR</u>	Jerry King	
	3617 Calloway dr	
	Orlando, fl	
AMBR	Melissa King	
AWIDIX	3617 Calloway dr	
	Orlando, Fl. 32810	
•		
(Han attackment if management)		
ffective date is listed, the date me of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day	ys after
LE V: Effective date, if other than fective date is listed, the date me of filing.) LE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 day	ys after
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