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EFFECTIVE DATE 01-14

2014 (11 115 (2) 11 (3)

B. BOSTICK
JUN 1 7 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Donny 5 Handy man Services "LL 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:
Donny Eubanks Name of Person
Donny's Handyman Services "LLC:
9880 Creet Cir Address
Navarre FL. 32566 City/State and Zip Code donny eubanks I @ vahog. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donny Eudanks at (850) 218-2287 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \centrificate of Status \$\bigcup \\$ Certificate of Status \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ (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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Donny's Handyman Services "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:	Mailing Address:
9880 Creet Cir	9880 Creed CIE
Navarre FL	Navarre FL.
32566	32566

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:

Poncy Eubanks

Name

9880 Crect Cr

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

Navarre FL 32566

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.

Donny Eubanks

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

. . .

The name and address of each person authorized	to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR MGR	Donny Eubanks Ambr/MGR 9880 Creet CIT Navarre FL 32500
AMBR	Darcy Eubanks 9880 Creet Cir Navarre, FU 32566
	
(Use attachment if necessary)	06-11-2014
ARTICLE V: Effective date, if other than the date of filing If an effective date is listed, the date must be specific an he date of filing.)	nd cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Donny a	banks
(In accordance with section 605.0203 (constitutes an affirmation under the per	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true.
I am aware that any false information s constitutes a third degree felony as pro	submitted in a document to the Department of State ovided for in s.817.155, F.S.)

Filing Fees:

Oonny Eubanks
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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