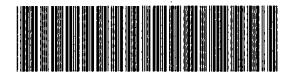
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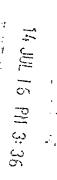
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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(850) 245-6051.

## COVER LETTER

TO. D	
	istration Section ision of Corporations
SUBJECT:	RILEYS GENERAL HANDYMAN SERVICES, 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:
	RILEY TROTTER JR  Name of Person
	RILEYS GENERAL HANDYMAN SERVICES Firm/Company
	Firm/Company .
	3142 N.W. 58 TO STREET
	3/42 N.W. 58 To STREET Address
	11 11 51 11 1 2 2 2 1 1 2
	MIAMI FLORIDA 33142  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
RILE	Y TROTTER, UR at ( 305 ) 527-1583  Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Englased is a	g shook for the following amounts
	a check for the following amount:
<b>]\$</b> 125.00 Fili	ling Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	s:
RILEY'S GENERAL HAN	DYMW SERVICES L. L. C. ability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Lia	bility 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:
3142 N.W. 58 7 STREET	P.O. BOX 471176
MIAMI, FL 33142	NIAMI, FL 33247-1176
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regulations entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Nan	o TTER, JR
2/47 11115	2) 17 . An - 155
Florida street	address (P.O. Box <u>NOT</u> acceptable)
City,	FL 33/42 State, and Zip
liability company at the place designated in registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S
Registered Agent's Sig	
4	. 6
(CONT)	INUED)

Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Memt	
"MGRM"	MARY L. TROTTER 3142 N.W. 58TA STREET MINNI, FLORION 33/42
"MGR M"	MARY L. TROTTEL  3142 N.W. 58TH STREET  MINNI, FLORIDIT 33142  JOY N. TROTTEL-STARKEY  14097 N.E. 2 (OVET  MINNI, FLORIDA 33161
<u> </u>	
	than the date of filing: (OPTIONate must be specific and cannot be more than five busi
LE V: Effective date, if other fective date is listed, the date	than the date of filing: (OPTION to must be specific and cannot be more than five busifiling.)
LE V: Effective date, if other fective date is listed, the date or 90 days after the date of REQUIRED SIGNATURE	than the date of filing: (OPTION to must be specific and cannot be more than five busifiling.)
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of REQUIRED SIGNATURE  Signature of (In accordance with s constitutes an affirma I am aware that any farma ware that any farma constitutes are signature of the constitutes and formal in the constitutes are affirmations.	than the date of filing:
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