# L14000130026

| (Re                     | questor's Name)    |                  |
|-------------------------|--------------------|------------------|
| (Ad                     | dress)             |                  |
| (Ad                     | dress)             |                  |
| (Cit                    | ty/State/Zip/Phone | <del>+</del> ++) |
| PICK-UP                 | WAIT               | MAIL             |
| (Bu                     | siness Entity Nan  | ne)              |
| (Do                     | cument Number)     |                  |
| Certified Copies        | _ Certificates     | s of Status      |
| Special Instructions to | Filing Officer:    |                  |
|                         |                    |                  |
|                         |                    |                  |
|                         |                    |                  |
|                         |                    |                  |

Office Use Only



900263257479

08/18/14--01018--003 \*\*160.00

EFFECTIVE DATE

FILED
14 AUG 18 PH 1:45

AUG 1 9 2014 T. BROWN

### COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Squared Away Handyman and Lawncare, LLC 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:   |
| Teremy S. Waugh Name of Person  |
| Squared Away Hundyman and Lawncare, LLC   |
| 4050 Dowling Road   |
| Audiess   |
| Middleburg, FL 32068  |
| Middleburg, FL 32068  City/State and Zip Code  waugh_js@hotmail.com  E-mail address: (to be used for future annual report notification)   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Teremy 5- Waugh at (904) 252-4768  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, 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

## St. AUG DA ING. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| r incipal Office Address: | Maning Address:       |
|---------------------------|-----------------------|
| 4050 Dowling Road         | 4050 Dowling Road     |
| Middleburg, FL 32068      | Middle burg, FL 32068 |
| 3/                        |                       |

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:

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

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

Signature (REQUIRED) Registered Agent

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized "MGR" = Manager   | Member   | Name and Address:  |
|--|--|--|
| MGR  |  | Jeremy 5. Waugh<br>4059 Dowling Read<br>Middleburg, AL 32068   |
|  |  |  |
|  |  |  |
| ffective date is listed, the e of filing.)   | her than the date of filin<br>date must be specific a  | g: <u>August 15, 2014</u> . (OPTIONAL)<br>nd cannot be more than five business days prior to or 90 d |
| CLE V: Effective date, if of   | her than the date of filing date must be specific and fany.  |  |
| CLE V: Effective date, if of ffective date is listed, the e of filing.)  CLE VI: Other provisions, i  REQUIRED SIGNATURES  (In accordance constitutes an I am aware the constitutes a the constitutes as | f any.  JRE:  gnature of a member of with section 605.0203 affirmation under the pett any false information aird degree felony as pro- |  |