

L140001767T1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200266238252

11/07/14--01028--024 **125.00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2014 NOV - 7 PM 4:08

FILED

NOV 14 2014

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clay The Handyman 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:

Clay Stewart Cunningham
Name of Person

Clay The Handyman LLC
Firm/Company

1652 Cod Street
Address

St. Cloud 34771
City/State and Zip Code

Clayscunningham@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clay Stewart Cunningham at (727) 6783872
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV - 7 PM 4:08

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clay The Handyman 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:

Clay The Handyman LLC

1652 Cod Street

Saint Cloud FL- 34771

Clay The Handyman LLC

1652 Cod Street

Saint Cloud FL-34771

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:

Clay Stewart Cunningham

Name

1652 Cod Street

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

Saint Cloud

City

FL 34771

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV - 7 PM 4:08

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Clay Stewart Cunningham

1652 Cod Street

Saint Cloud 34771

AMBR

MICHAEL S. SYLVIA

8160-306 N.E. TERR

SALT SPRINGS FL - 32134

AMBR

CHRISTOPHER SHAWN MCCUTCHEON

301 WYOMING ST

ST. CLOUD - 34769

AMBR

MARY ELIZABETH CUNNINGHAM

1652 COD STREET

SAINT CLOUD, FL - 34771

AMBR

(Use attachment if necessary)

Alvie Ray Morton, II

1423 Pennsylvania Ave, St. Cloud FL 34769

ARTICLE V: Effective date, if other than the date of filing:

(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:

Clay S. Cunningham
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.)

CLAY S. CUNNINGHAM

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)

FILED
2014 NOV - 7 PM 4:08
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA