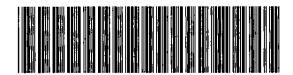
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(Red	questors Name)	
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(City	//State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(D	in a Park No.	
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE

15 FEB -3 PH 1: 20

FEB 1 2 2015 **T. BROWN** 

## COVER LETTER

Division of Corporations
SUBJECT: Walter Lauck, Handyservices  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:
Walter L. Lauck Name of Person
Name of Ferson
Walter Lauck, Handyservices
Firm/Company
215 Marion Way Address
Addicos
Maitland, Florida 32751  City/State and Zip Code
Walt4Paint@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
walter lauck at ( 321 ) 303-1544
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\begin{align*} \Boxed{\Piling Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

TO:

**Registration Section** 

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:	5 5
The name of the Limited Liability Company is:	nited Liability Company, "L.L.C.," or "LLC.")  pal office of the Limited Liability Company is:
	72
Walter Lauck Handyservices "LLC"	30
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	يغ بره
The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
215 Marion Way	215 Marion Way
Maitland, Florida 32751	Maitland, Fliorida 32751
	<u> </u>
ARTICLE III - Registered Agent, Registered Off	lice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or
another business entity with an active Florida registr	
The name and the Florida street address of the regist	toward against again
The name and the Florida street address of the regist	ereu agent are.
Walter Lauck	
N	lame
215 Marion Way	
Florida street address (P.O.	Box NOT acceptable)
Maitland	FL 32751
City	Zip
Having heen named as registered agent and to acces	pt service of process for the above stated limited liability company at
the place designated in this certificate, I hereby a	ccept the appointment as registered agent and agree to act in this
	ions of all statutes relating to the proper and complete performance
	ne obligations of my position as registered agent as provided for in Chapter 605, F.S
	/
Wholk of	Mande
Registered Agent's S	ignature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Faye K. Ericksen
	215 Marion Way
	Maitland, Florida 32751
V: Effective date, if other than the date o tive date is listed, the date must be spec	of filing: <u>01/30/2015</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.)	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. action submitted in a document to the Department of State
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