## 450003627

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	- <u>-</u> -	

Office Use Only



100269709201

02/20/15--01029--009 \*\*125.00

FILED

15 FEB 20 PB 4: 2

CEORED SY OF STATE

TO TO SALE BLOOK

FEB 2 6 2015 S. YOUNG

## **COVER LETTER**

TO:	Registration Division of C				
SUBJE	ECT: <u>Super F</u>	landy Dan LLC Name of Lir	nited Liability Company	<u></u>	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.		
Please	return all corres	spondence concerning this m	natter to the following:		
	<u>Daniel Tr</u>	асу	Name of Person		<b>-</b>
			Name of Follow		
	Super Ha	andy Dan LLC	Firm/Company		_
	6611 Hw	y 301 South			_
			Address		
	Riverviev	v, FL 33578	City/State and Zip Code		<del>-</del>
		`	Shyrotate and zap code		•
<u>dt</u>	racy ka@yah	oo.com	ed for future annual report notifica	ation	ਹੀ
For fur	ther information	n concerning this matter, ple		ation)	F11_E1 FEB 20
					o in
<u>Danie</u>	Tracy		<u>813</u> ) <u>449-1788</u>	÷,,,,	
	Nan	ne of Person	Area Code Daytime Te	lephone Number	្រុម 2n
Enclos	ed is a check fo	or the following amount:		ماند. ا	-*
☑ \$125.6	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	
		iling Address istration Section	Street/Courier Add Registration Section	ress	
		ision of Corporations	Division of Corpora	tions	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 is:		
Super Handy Dan LLC		
(Must end with the words "	'Limited Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Con	mpany is:
Principal Office Address:	Mailing Address:	
6611 Hwy 301 S	PO Box 6212	
Riverview, FL	Brandon, FL	
33578	33508	<del></del> .
(The Limited Liability Company cannot serve as another business entity with an active Florida report of the name and the Florida street address of the response Daniel Tracy  6611 Hwy 301 South Florida street address (F	gistration.)	
Riverview	FL 33578	
City	Zip	
Having been named as registered agent and to a the place designated in this certificate, I herel capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	by accept the appointment as registered as ovisions of all statutes relating to the prop	gent and agree to act in this er and complete performance
Dariel	~ /	Fig. 5
Registered Agent	's Signature (REQUIRED)	超哥卫
	0	100 N T
(CO)	NTINUED)	m
	tage 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Daniel Tracy PO Box 6212 Brandon, FL 33508
<del> </del>	
(Use attachment if necessary)  CLE V: Effective date, if other than the date	of filing: (OPTIONAL)
LE V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date ffective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ecific and cannot be more than five business days prior to or 90 day mber of an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date ffective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ecific and cannot be more than five business days prior to or 90 day ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document extra penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

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

ARTICLE IV-