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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·





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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Ann's Helping Hands Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ann Wagner
	Name of Person
	Ann's Helping Hands LLC Firm/Company
	8742 5th St. N. Address
	Saint Petersburg, Florida 33702 City/State and Zip Code
_ar	nnshelpinghandsllc@gmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
.Ann V	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
□ \$ 125.0	0 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Ann's Helping Hands LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8742 5th St. N. Saint Petersburg, Florida 33702	PO Box 56053 Saint Petersburg, Florida 33732	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered agency.	egistered Agent. You must designate an individual or)	
Ann Wagner	Sic.	
Name	AR AR	Files
8742 5th St. N.	R 2	, sq
Florida street address (P.O. Box N	IOT acceptable)	! 177
Saint Petersburg	FL 33702	<u>.</u>
City	Zip Sin	-
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance sations of my position as registered agent as provided for in 605, F.S	
(CONTINUE)	D)	

Page 1 of 2

AMBR Ann Wagner 8742 5th St. N. Saint Petersburg, Florida 33702 MGR Ann Wagner 8742 5th St. N. Saint Petersburg, Florida 33702 Let ve attachment if necessary) E. V: Effective date, if other than the date of filing: Copyright of the date must be specific and cannot be more than five business days prior to or filing.) E. VI: Other provisions, if any. Tight 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.) Ann. Wagner Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u>	Name and Address:
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